06761

OR DIVORCED (curic the word) AND	1. PLACE OF DEATH	(210°m)
(If death occurred in shopping in ship in NAMPShinted of street and number) ds. How long in U.S. If of foreign birth? 2. FULL NAME (a) Reddinge: No.2 5 / 0 14 Unablace of dook) (b) Reddinge: No.2 5 / 0 14 Unablace of dook) (c) Reddinge: No.2 5 / 0 14 Unablace of dook) (b) Ward. (c) Reddinge: No.2 5 / 0 14 Unablace of dook) (c) Reddinge: No.2 5 / 0 14 Unablace of dook) (c) Ward. (c) Reddinge: No.2 5 / 0 14 Unablace of dook) (d) Martine of the control of the	County a a	Registration Dist. No.
Langth of readingers in city or town where death occurred. 2. FULL NAME (a) Residence: No.2 5 / 0 2 4		
(a) Residence: No.2 5 / 0. 2 1		
Usualplace of abode) PESONAL AND STATISTICAL PARTICULARS	2. FULL NAME Searce africa	de
PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARRIED, WIDOWED, OR PACE OR INVOKED Gramite the word) apil married, widowed, or divorced Wissand Do or Invoked Development the word on the word of		
A. COLOR OR RACE OR DINORED (write the word) A. COLOR OR DEATH and related causes of importance Other Contributory Causes of importance: Other Contributory Causes of impo		0
ANT married, widowed, or divorced HUSBAND of (or) WHE of 22. I HERBY CRITIFY, That I attended deceased from 19 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
HUSBAND of (or) WHE of DATE OF BIRTH (month, day, and year) Unforth 192 AGE Years Months Days If LESS than 1 day,		ruly 9 193 7
DATE OF BIRTH (month, day, and year) DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day,	5aAlf married, widowed, or divorced HUSBAND of	22 I HERERY CERTIEV That I attended deceased from
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular SAWYER, BOOKKEFER et. 9. Industry or business in which were as follows: SAWYER, BOOKKEFER et. 9. Industry or business in which were as follows: SAWYER, BOOKKEFER et. 9. Industry or business in which were as follows: SAWYER, BOOKKEFER et. 9. Industry or business in which were as follows: SAW MILL, BARK, et. 14. BIRTHPLACE (city or town) Sapent in this spent in this	(or) WIFE of	
1 day	6. DATE OF BIRTH (month, day, and year) Unfrom. 1912	
8. Trade, profession, or particular Nind of work dome, as SPINNER, Sawier, BoolikeErer, etc. 9. Industry or business in which work was done as SILK MILL. 10. Data deceased last worked at the special speci		
S. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at the spent in this part in this year) 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Labella		word as follows:
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 10. FILED 10. FILED 10. FILED 10. Search occupation 10. Other Contributory Causes of importance:	8. Trade, profession, or particular kind of work dona, as SPINNER, Laliane	Country to collection
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2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 10. FILED 10. FILED 10. FILED 10. Search occupation 10. Other Contributory Causes of importance:	SAW MILL, BANK, etc.	of Custowhile
Other Contributory Causes of importance: Other Contributory Causes of i	Spent in this	
Name of operation. What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? Where did injury occur? Where did injury occurr? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 9. UNDERTAKER (Address) Place Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What test confirmed diagnosis? Accident, suicide, or homicide? Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address)	12. BIRTHPLACE (city or town) Seoze	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER 10. FILED 10. FILED 10. FILED 10. FILED 10. What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER 10. FILED 10. FILED 10. FILED 10. FILED 10. What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)	14. BIRTHPLACE (city or town)	Name of operation Date of
Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 5/0 24	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 5/0 24	The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Specify city or town, county and State) 7. INFORMANT Cillus Bentles (Address) 25/0 24 Mosses by 8. BURIAL, CREMATION, OR REMOVAL Place Coldan Public Date July 13, 19 9. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Color of deceased? (Address)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Leave Date of injury 1/9, 19-35
(Address) 75/0 24 Works have 8. BURIAL, CREMATION, OR REMOVAL Place Coldan Auff Date July 13, 19 Manner of injury 9. UNDERTAKER (Address) 10. FILED 12, 1953 3 3 3 7 7 6 C . 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(State or country)	(Specify city or town county and State)
8. BURIAL, CREMATION, OR REMOVAL Place Color Date 113, 19. 9. UNDERTAKER 2. (Address) 15 so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	17. INFORMANT & Clerky Benkley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Collection 9 UNDERTAKER 3 24. Was disease or injury in any way related to occupation of deceased? (Address) 12, 19 3 3 3 3 4 4 4 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	18. BURIAL, CREMATION, OR REMOVAL	Manage of inlustra
(Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address)	Place Coldar Polyff Date July 13, 1933	1 1 20
0. FILED July 12, 1953 fray (C.) (Signed) theman the Cariff M. D. (Address) (Address)	19. UNDERTAKER (3) I Hopping (Address) Commander (2005)	
	20, FILED 1 7 , 1933 Joy (C.)	(Signed) Herner Joseph D. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artertosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A second		

BINDING

RESERVED

ARGIN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requisiting U.S. Ale . A

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of poset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1925	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Cause of death changed from myocarditis to tuberculosis in accordance with
letter of authorization filed November 14, 1933 under Thos. Basil, CoronerI

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06763
1. PLACE OF DEATH	48
County a a	Registration Dist. No.
Village or City Dunofelo	No. 5 Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Florence T. an	derson
(a) esidence: No. / 5 Oner	St., Ward.
. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of And with any and any and any	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 31 - 1865	Alast saw h el alive on July 1913; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m.
67 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Howe wile.	Casasana (Illines Man)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) annoyerly. (State or country)	Other Coutributory Capses of importance:
13. NAME frame S. Blockburn 14. BIRTHPLACE (city or town) (State or country) L. C.	Name of operation Date of
15. MAIOEN NAME low to work	What test confirmed diagnosis? It Park Was there an autopsy? It 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Catherine # . Wells 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
(State or country) assumption	Where did injury occur?
17. INFORMANT Wandson (Address) I mun or amark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place beed an Bluff - Date July 11 , 1933	Nature of Injury
19. UNOERTAKER B 4 H offing. (Address) com apriles. mid.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 11 19 23 Juny 5 C. Juny 1 The	(Signed) Walter Hoffsmo M. D. (Address) Surar older M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		38	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
▼.			
	4		

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY	PHYSICIAN
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WRITE

V. S. No. 1

,	PLACE OF DEATH	STATE OF MARYLAND
/	County Myle . Muddl	CERTIFICATE OF DEATH
Л		Registration Dist. No. 231
-	Yambo Ola	
	Village or City (No	St.: Ward) (If death occurred in a hospital or institu
	7.1. + 8.	tion, give its NAME in stead of street and
2	2FULL NAME SEALUCK THE	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
	male white, WIDOWED.	July 1925
2	(Write the word)	(Month) (Day) (Year)
1	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Van SSA 1874	
	(Month) (Day) (Year)	that I last saw halive on, 192
	7 AGE [If LESS than	and that death occurred on the date stated above, atm
	5 dayhrs.	The CAUSE OF DEATH * was as follows:
2	yrs. mos. ds. or min.?	Q S S S S S S S S S S S S S S S S S S S
3	8 OCCUPATION (a) Trade, profession or	Gusten death white to the
O	particular kind of work	unite delutation Thear
1	(b) General nature of industry business, or establishment in	
2	which employed or (employer)	(Duration) yrs mos de
2	9 BIRTHPLACE	Contributory Secondary
	(State or country)	Duration yts mos ds
	10 NAME OF A	(Signed) Why M. Clark, M. D.
	FATHER JUMM G. MM AS	St. 4. 1. 1. 1600 - Med
2	0 11 BIRTHPLACE OF FATHER	192 (Address)
1	OF FATHER (State or couply) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	T 12 MAIDEN NOME OF MOTHER AFERS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	a grade succession	ients or Recent Residents)
A	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
4	(State or Country)	Where was disease contracted,
	14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	" To it elle Allanded	Former or usual residence
	(Informant) Sycale (1) Offwhile	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIALS
	(Address) Janskulle mi	Englow (lake July 28, 19
	15 7/12 92 MARA 11-2	20 UMDERTAKER , ADERES
	Filed 1923 All Registrar	130 Walndary In 1850 Mold on 1
	1000.	10 W Same St. Balle Blancing V S. A. 1
	If more blanks are needed, addre.'s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (6) For persons who have no occupation Stationary fireman, etc. But in many n mill; (a) Salesman, (b) Grocery;
Automobile factory. The material As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "(Ethaustion," "Heart failure," "If I aemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, diseases Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County June Cumul	CERTIFICATE OF DEATH
4	Registration Dist, No.
	1/ 1 7 1
Village or City Way (No. Magh	Ward) (If death occurred in a hospital or institution, give its NAME listead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH Fig. 21 (Month) (Day) (Year)	17 HEREBY CERTIFY, That Pattended the deceased from 1963, to 1963, that I last saw h malive on 1963,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
∠/ / g , l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmos/_ds. ormin.?	Leule Colles Colalis
(a) Trade, profession or	0
particular kind of work	
(b) General nature of industry business, or establishment in	Hont Knulchouti
which employed or (employer)	(Duration) Jrs. 1 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Duration) yrs most de.
FATHER	(Signed) Warry The M. D.
0 11 BIRTHPLACE	192 3 (Address) / Curafolis //
(State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chel Them	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds, In the State yrs mos ds,
(State or Country)	Where was disease contracted, Davidsonville if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) The chel Thorn	usual residence
(Address) Davidson. The Mo	DATE OF BURIAL, OR REMOVALY DATE OF BURIAL July 916, 1933
Filed P 1923 Commo Registrar	20 UNDERTAKER (ADDRESS Danson le MS
If more hanks are needed, addre state Registra	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

for authority & change door of that certificate of the certification of

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED N. B.—WRITE PLAINLY, WITH

TIÓN is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
PLACE OF DEATH	(ace)		

1. PLACE OF DE	ATH					
County	me run le	1		Registration Dist. No. 24		
Village or City	Grownsvi	lle St	ate Tos	i t a No. St. Ward		
Length of residence in	city or town where dea	th occurred	vrs 10 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 2ds. How long in U.S. if of foreign birth?		
2. FULL NAME	Sf	fie Bu				
(a) Residence: No.	Pr	ince 0	eorse Cou	intst., lie mail end		
		(Usual place	of abode)	If nonresident give city or town and State		
	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH		
female	black		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 8th (Month) (Oay) (Year)		
5a. If married, widowed, or d HUSBANO of (or) WIFE of	ivorced ikno vm			22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month,	day and year)	880		Hast saw her alive on July 8th 19 25, death is said		
7. AGE Years	Months	Oeys	If LESS than	to heve occurred on the data stated above, et 3: 504.m.		
53	Unka	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or kind of work don SAWYER, BOOKK	particular ne, es SPINNER,	ousewo	3-7-	Hypertensive Heart duema		
9. Industry or business	in which					
Mind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANY 10. Date deceased last which represents the second second						
10. Date deceased last v this occupation (n	month and	Sp3	time (years) Int in this upation			
12. BIRTHPLACE (city or tow (State or country)				Other Contributory Causes of importance:		
13. NAME C.	Adams					
13. NAME C 14. BIRTHPLACE (city or (State or country		lend		Name of operation Date of What test confirmed diagnosis? Was there en eu'opsy?		
15. MAIDEN NAME	Rachael (Unknow	n)	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or	town) Mary	lená		Accident, suicide, or homicide?Oate of injury		
(State of Country		Do o o o o		Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Hospital Records (Address) Crown ville, Maryland				Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR	REMOVAL			Manner of injury		
Place June 8	ev. Co.	Date 7-/2	-1 3 ,19	Nature of injury.		
19. UNOERTAKER J. B.	Johnson -	11.		24. Was disease or injury in any way related to occupation of deceased?		
(Address)	ale con	NI-A	Nogen 9	If so, specify (Signed) May		
20. FILEO POR	19.33	7 (C	Registrar.	(Address) Crown sville, Liryland		
	If more bla	nks are needed,	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the same of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	7	23	
County L. Co.	0.	Registration Dist. No. 222	/
Village or City Yesser	pr	No	_Ward
Length of residence in gity or town whe		f death occurred in a hospital or institution, give its NAME instead of street and number;ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME FOR	ed Plans	200	
	I WIN	O) Ward	
(a) Residence: No.	(Usual place of abode)	St, Ward. If nonresident give city or town and State	
PERSONAL AND STATIS	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR, OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH 7///	>
Male black	married	(Month) (Day) (Yo	(éar)
5a. If married, widowed, or divorced	1 10 00		
(or) Mary Ch	ew Carroll	22. HEREBY CERTIFY, That I attended decease	ed from
6. DATE OF BIRTH (month day, and year)	Hon 28 19A1		h is sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	1 13 3410
31 7	16 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	103
8. Trade, profession, or particular	111	were as follows:	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	laborer	Culmy Juhunding	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	BY APPA		
	11. Total time (years)		
10. Date deceased last worked at this occupation (month and year)	933 spent in this 10		
200	. 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (efty or town)	4.		
13. NAME John Ca	rroll		
13. NAME JOHN CO	mel	Name of operation Date of	
(State or country)	4921	What test confirmed diagnosis? Was there an au'opsy?	7
置 15. MAIDEN NAME	Henson	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ned	Accident, suicide, or homicide? Date of injury, 19	9
(State or country)	Mia	Where did injury occur?	
17. INFORMANT MAD JULO	us carroll	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	Jessups		
18. BURIAN, CREMATION, OR REMOVAL	2 John 13.3=	Manner of Injury	
mound toward	Date 7 193	Nature of injury	
19. UNDERTAKE	Marcell	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Lagures	VIAG.	If so, specify	
20. FILED MILY 13 , 193 3 - (ara M. Maglus	(Signed)	M. D.
	Registrar.	(Address) — — — — — — — — — — — — — — — — — —	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	iple I		11	Example II	
The principal cause of death and related causes of importance were as follows:				The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		rio	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street car	1 week ago
Cerebral hemorrhage	IN THE	>	July 5,1927	Peritonitis	3 days ago
		D			
Other contributory causes of	importance;	白		Other contributory causes of importance:	
Gallstones	3	D P	May 1,1923	Gastroenteritis	1 year
	M	m			
	3	STATE OF THE PERSON NAMED IN			

BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel Registration Dist. No. 21 Weems Creek Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME MOREAU MARLETTE CASLER (a) Residence: No. Weems Creek (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) July white married (Month) (Yeer) 5a. If married, widowed, or divorced Bertha Casler HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of _____ 19_____ to_____ 19 July 31 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than to have occurred on the date steted above, et _______m I deyhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 73 or____ min. were as follows 8. Trede, profession, or perticular OCCUPATION kind of work done, es SPINNER, Photographer SAWYER, BOOKKEEPER, etc. Photographer Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased lest worked at 11. Total time (years) spent in this this occupation (month and occupetion _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) ___ (Stete or country) FATHER 13. NAME Casler See 14. BIRTHPLACE (city or town). Name of operation_. (State or country) York What test confirmed diegnosis?_____ Wes there an eutopsy?____ MOTHER 15. MAIDEN NAME important. 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Suicide. Dete of injury. 16. BIRTHPLACE (city or town) (Stete or country) New York Where did injury occur? Weens Greek (Specify city or to Vn, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT. very (Address) 18. BURIAL, GREMATION, OR REMOVAL LION Neture of injury. John M. Taylor 24. Was diseese or injury in any wey related to occupetion of deceesed? 19. UNDERTAKER (Address) annano If so, specify _ 20, FILED. Registrar. (Address) Cale

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requestrat St. School

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Gaylacas	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1 .

PLACE OF DEATH	STATE OF MARYLAND
County. a. C.	CERTIFICATE OF DEATH
JAA 6 L MITE	Builderstin Did No. 2
	Registration Dist. No.
Village or City Minapole (No. Emaline	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME 1 NEMALINE	- 6 hours number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH /
male will & WIDOWED.	July 20, 195 3
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1	alluid balog in July 20 ,1952
(Month) (Day) (Year)	that I last saw h in alive on Suly W 192 -
7 AGE [If LESS than	and that death occurred on the date stated above, at 120km.
I dayhrs.	
yrsds. ormin.?	
8 OCCUPATION (a) Trade, profession or	Memalure - 6 month.
particular kind of work	Lucia Daloutini
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	
1 10 NAME OF	San Paris
FATHER allen a Chancing	(Signed) M. D.
0 11 BIRTHPLACE	July 2 (985 (Address) allegation
C State or country QQC	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TIZ MAIDEN MAME	Accidental, Suicidal or Homicidal.
of MOTHER Minute may Pully	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) hew York State	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
THE RECORD IS INCE TO THE BOST OF MILITIAN CONCEDED	Former or
(Informant) Jelen a Charry	usus] residence
(Address) Hambiges Will	Wangh Chapel Pate of Burial Valy 22, 19 33
is 12 2 Almora	201UN DERTAKER ADDRESS
Filed 22 192 . Registrar	R.P. Wieliam In Walnung Ind
If more branks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in u....

Housemaid, etc. If the congiven up on account of the DISEASE can or given up on account of the DISEASE can occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (red) business, the fact may be indicated thus; Farmer (red) business, the fact may be indicated thus; Farmer (red) business, the fact may be indicated thus; Farmer (red) business, the farmer (red) business. fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion a plies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, r," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

PHYSI-(183) EXACTLY, I Registration Dist. No. Village or City Severna Park (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME is-stead of street and Samuel Cinquegrani ²FULL NAME number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH JULY 30, 1933 , 192 4 COLOR OR RACE 3 SEX Single MARRIED. pe pe WIDOWED. Male White OR DIVORCED pino may n bac (Month) (Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH July 30 183 . to, 192, 1920 July (Day) that I last saw h alive on 192...... 7 AGE IIf LESS than The CAUSE OF DEATH * was as follows: Accdidental Drowning ds. or min.? 8 OCCUPATION (a) Trade, profession or Student particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary Baltimore City Md. (State or country) DO 10 NAME OF FATHER Samuel Cinquegrani 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT CAUSI Italy (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trana-OF MOTHER should state Dont Know ients or Recent Residents) 13 BIRTHPLACE OF MOTHER Dont Know (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... usual residence S 19. PLACE OF BURIAL OR REMOVAL EVELY ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ESERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Trend of THE	should st	of occur	
JIM. TAGELY	IYSICIANS	statement	
TITT T	Y. PI	Exact	
ATEL VILLERY	XACTL	classified.	
77 77 21	stated E	properly	certificate
2	be	pe	of
THE THE	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	TION is very important. See instructions on back of certificate.
OINE AND	supplied.	n terms, so	see instructi
LA, WILL	carefully	TH in plai	portant. S
L LLAIN	should be	E OF DEA	is very im
2-W LI	mation	CAUSI	TION

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		23		
County A . A .		Registration Dist, No.		
Village of the Annapolis,	(II	No. U.S. Naval Hospital, Annaşı plis Warden death occurred in a horpital or institution, give its NAME instead of street and number)		
	Salara Landa Caralla C	ds. How long in U.S. if of foreign birth?yrsmos		
	gorio Claveria			
(a) Residence: No. 78 Franki	in St., Annapo	OLSE, , Md Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH		
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
	OR DIVORCED (write the word)	July 27, 193 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of Kony, Wiffkor Aileen Gomez		22. I HEREBY CERTIFY, That I attended deceased fr		
		June 3, 1933, to July 27, 193		
	mber 15,1898	Hast saw him alive on July 27 , 1933; death is s		
7. AGE Years Months 7	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8:158 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, EX-SAWYER, BOOKKEEPER, etc.	Officer Stewa:	In oderatel a dimmary chronic		
9. Industry or business in which	Navy			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 16 yrs	5		
12. BIRTHPLACE (city or town) (State or country) Dagupan Pa Philippin		Other Contributory Causes of importance:		
13. NAME Unklown				
13. NAME 14. BIRTHPLACE (city or town) (State or country)	الاعا	Name of operation Date of Date of What test confirmed diagnosis? Foretier shelters _ Was there an autopsy? A		
E 15. MAIDEN NAME Work	~	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Strate or confirmed	www	Accident, suicide, or homicide? Date of injury, 19		
X (State or country)		Where did injury occur?		
17. INFORMANT R. H. Gasser, (Address) USN Hospital, A	Lt.Comdr.(MC)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Noval Centry D	1.0.2. 93	Manner of injury		
19. UNDERTAKER B. II. 74 July (Address) Common and Address	hong	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILED 201. 3/ , 19.33 7 7	ce for a 2h	(Signed) R.R. Gasser, Lt. Comdr. (MC), M (Address) U.S.N. Hospital, Annapoli		
If more blank	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

V. S. No.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
VADATTOWAY	SI AULI	T. OIL	TUNTILL	DIMINITIO	DI	THESTORAGE

County Jamo Counds	l		Registration Dist. No. 23	3 20	
Village or City Clemburnus Length of residence in city or town where death occur	10 (If	No. Gain Hag	& Way St., give its NAME instead of street and r		
2. FULL NAME James	Henry Grag	ds. How long In U.S. if of fore	aign birth:me)sds.	
(a) Residence: No. Cham Hess	al place of aboye)	St.,Ward.	If nonresident give city or town and	State	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male White White	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	(Day)	, 193 3 (Year)	
5a. H married, widowed, or divorced HUSBAND of (or) WHFE of Grace R Cro-	ggon	22. I HEREBY C	ERTIFY, that I attended 33 to Sules 9	deceased from	
6. DATE OF BERTH (month, day, and year)	7 1875	19ast saw have alive on	July 9 1933	!	
	If LESS than 1 day,hrs.	to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH an were as follows:		Data of onsat	
8. Trade, profession, or particular kind of work done, as SPINNER of April SAWYER, BOOKKEEPER, etc	For Royal				
work was done, as SILK MILL ore SAW MILL, BANK, etc.	Total time (years)	Auferia		July o	
this occupation (month and year)	spent in this	6	1 Ecconi	1/3	
12. BIRTHPLACE (city or town) Clevers (State or country) ma	/	Other Contributory Causes of Important	:e:		
	n	***************************************	***************************************		
13. NAME James Grogge 14. BIRTHPLACE (city or town) Jashmal	n J.C.	Name of operation	Date of	52	
CA 1 21 C	0, 1	What test confirmed diagnosis?			
16. BIRTHPLACE (city or town) Jeven	nd	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?			
17. INFORMATION a. Louisa Croq	gan	Manner of injury			
18. BURIAL, CREMATION, OR REMOVAL Place Freen deshifts Com. Date.	July 12, 1933				
19. UNDERTAKER John 17 15 DO27 (Address) 7/5 Licht St	mx	24. Was disease or injury in any way re		Co	
20, FILED \$ 10 , 1933 AMA	lalba Dep Registrar.	(Signed) Jalius (Address) A	falerande	M. D.	
If more blanks are	ceded, address State Registrar, 2	1411 N. Charles Street, Baltimote Request	ing U. S. No. 1.		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE WASTERS OF THE PARTY OF THE			7 147
			10.00
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

1. PLACE OF DEATH	F MARYLAND—		06773
County Anne 11	undel	Registration Dist. No.	26
Village or City Chune	hlin		St.,Wa
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of stre ds. How long in U.S. if of foreign birth?yrs	
/Mr.	110 10		
2. FULL NAME	a dilin		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
S. SEX 4. COLOR OR RACE Flux Ool	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 3 (Year)
a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		1 HEREBY CERTIFY, That I at	
5. DATE OF BIRTH (month, day, and year)	Was 4 1922		93.3 : death is s
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5 Am.	. , , , , , , , , , , , , , , , , , , ,
0 4	9 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	
8. Trade, profession, or particular	1 01 niiii.	were as ronows.	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myre	Julias Colilis	July
9. Industry or business in which work was done, as SILK MILL.			18
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	11 Total time (vence)		199
this occupation (month and year)	11. Total time (years) spent in this occupation	1	7,70
Okera	dil x	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	mad.	-	
13. NAME That of do	to an all		
13. NAME / A STATE OF THE STATE	deside	Name of operation	ate of
(State or country)	1d.	What test confirmed diagnosis? Was th	
15. MAIDEN NAME PARTS	Takens	23. If deeth was due to external causes (VIOL ENCE) fill in elso the f	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury.	
(State or country)	2	Where did injury occur?	10
7. INFORMANT LANGE CAMERAL)enhi	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) BLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	0 0	Manner of Injury	*******
Place Inffru Cem	Date July 19, 1933	Nature of injury	
19. UNDERTAKER THE AGE	deelig	24. Was disease or injury In one way related to occupation of decear	sed? My
20. FILED July 17, 19.33	Gev. P Dente	(Signed) Seg I Sunt J. (Address) Philipped Seg. On	N

CEDTICIONTE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06774		
state UPA-	1. PLACE OF DEATH	<u></u>		
F 3	County UG	Registration Dist. No. 22		
should of OCC	Village or City dustlings	NoSt.,Ward		
-0	Length of residence in city or town where death occurred 5/yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
IYSICIAN	2. FULL NAME John a Dudnich	(Tietruch)		
	(a) Residence: No.	St., Ward.		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State		
Pł		21. DATE OF DEATH		
LY.	Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)		
ACTI assifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from		
X Z	- Curry Occurrent	July 3 198 310 felle 20, 19 33		
E ate.	6. DATE OF BIRTH (month, day, end yearlest. 10 1863)	Plast saw harmalive on July 20, 19 60; death is said		
	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above (at 11.11.12). In. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
stated proper	80 70 ormin.	were a follows:		
be of	8. Trade, profession, or particular kind of work done, as SPINNER, Russell SAWYER, BDDKKEEPER, etc.	Mugiero presento o ome		
should it may on back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
F-7 +	10. Date deceased last worked at this occupation (month and year)			
AGE that ions o	V.	Other Contributory Causes of importance:		
so ucti	12. BIRTHPLACE (city or town) (State or country)	Wilmare Carrelle 2 days		
supplied. AGI				
sup n te	13. NAME 14. BIRTHPLACE (city or town) 10. March 13. NAME	Name of operation MonC Date of		
ully su plain t. See	(State of country)	What test confirmed diagnosts? Mrece Was there an au'opsy?		
be carefully EATH in pla important.	E 15. MAIDEN NAME Serlessed	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
ld be carefi DEATH in y important	(State or country)	Accident, suicide, or homicide? Date of injury, 19		
be EA'	Y & J O	Where did injury occur? (Specify city or town, county and State)		
should OF DI	17. INFDRMANT Aus Ordanch (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	Place Variation	Nature of injury		
mation s CAUSE TION is	19. UNDERTAKER Columbia Joulane (Address) 1231 311 11 11 11 11 11 11 11 11 11 11 11	24. Was disease or injury in any way related to occupation of deceased?		
(T)	20. FILED 23 July , 1932 Slandel Woodming Registrar	(Signed) Paymend Stalling M. D. (Address 10 B. Balling Russ Pas		
		2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis _	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

re te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06775		
state UPA-	1. PLACE OF DEATH	(17:a)		
occ o	County Anno Arundil	Registration Dist. No. 23		
should of OCC	Village or City Parapreo Parl	No. Delle your Court War		
AS AS		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.		
3D. Every YSICIANS statement	2. FULL NAME / REDJ PERSON.	R \ \		
D. 1 SIC tate	(a) Residence: No Pall Got Ver	St., Ward, Umphra		
	Jumph (Ureal place of about) for	If nonresident give city or town and State		
E S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
LY.	3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)		
RMANEN X A C T I	5a. If married, widowed, or divorced HUSBAND of	22. WHEREBY CERTIFY, That I attended deceased fig-		
MA (A lass	(or) WIFE of John H DIXON	27 mm 1933 to 2 mg 193		
	6. DATE OF BtRTH (month, day, and year)	I last saw halve on Egg July 1932; death is s		
ed ed kerl fiça	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2-10m.		
IS A PE stated E properly certificate.	4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and retated causas of importance were as follows:		
be is of co	8. Trade, profession, or particular kind of work dona, as SPINNER, of page 1941	Do And of the		
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	101 Viene Vileune 1000		
VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	7		
F-1	10. Date deceased last worked at this occupation (month and 145)	1		
AGE THAT	year) occupation	Other Contributory Causes of importance:		
NFADING oplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) Of Oldry's Quant			
FA lied ms, stru				
D # 42 "	E			
- TO	(State or country)	Name of operation		
d .	15. MAIDEN NAME Hollie	What tast confirmed diagnosis?		
9 8	15. MAIDEN NAME FOLLO 16. BIRTHPLACE (city or town) Many factor (State or country)	Accident, suicide, or homicide?		
INLY, be can EATH import	(State or country)	Where did injury occur?		
	17. INFORMANT JOHN H DYON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
S PLA Should OF D	18. BURIAL CREMATION OR REMOVAL			
	18. BURIAL CREMATION OF REMOVAL	Manner of injury		
-WRITE mation s CAUSE TION is	Sandleton 1. V.	Nature of injury		
CA	19. UNDERTAKE UNIC OLIVASE FORM	24. Was disease or injury in any way related to occupation of deceased?		
m (T)	30.1. 5 618.11116 0 11	(Signed) (Signed)		
z	20. FILED JULY, 1953 ROSVUL WOOD MEGING.	(Address) Linthelien Sight		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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BARICA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	NAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement

EXACTL

stated

should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

UNFADING INK-THIS ARGIN RESERVED

properly classified.

certificate.

See instructions on back of

FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County Churc Crundel	Registration Dist. No. 21
Village or City Crowniville State Hosp	, No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Chinie W. DOCKET	4
(a) Residence: No. Frederick Co. Wild (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fingle	21. DATE OF DEATH (Mosch) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Suigle	22. 1 HEREBY CERTIFY, That I attended deceased from 1933, to July 16, 1933
6. DATE OF BIRTH (month, day, and year) - 1911	I last your hand aliva on July 1057, 193.3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
22 7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Yoxic Hepatitis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) spent in this occupation constant the spent in this occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	VIII
13. NAME John WA DOCKett	The state of the s
14. BIRTHPLACE (city or town)	Name of operation Date of
(Staffe or country)	What test confirmed diegnosis? Was thera an au'opsy?
15. MAIDEN NAME Unite Ford	23. If death was dua to external causes (VIOLENCE) fill In atso the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Records, Haspital	Where did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Latur Wisley envetar Data Luly 19, 1933	Manner of injury
19. UNDERTAKER & HB Parties J (Address) 47 Washington ST	24. Was disease or injury in any way related to occupation of deceased?
(Mulicos) 4/ W wormy On O.	If sq. specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Ardress)

B.-WRITE PLAINLY, WITH V. S. No. 1

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Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

of OCCUPA.

	THOE OF DEAT				34)	
	County 1.1111e .				Registration Dist. No.	<u> </u>
	Village or City	rownsy	ille Sta	ite Hosni	St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,	Ward
	Length of residence in city	or town where	death occurred	T mar	f death occurred in a hospital or institution, give its NAME instead of street and syrsyrs	d number)
					syrsyrs.	mosds
2. F	FULL NAME		rah Dona			
	(a) Residence: No	Pr	(Usual place	rge Coun	ty St., Mary Ward d	16.
	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	id State
3. SEX	4. COLOR	OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
I.	emale bla	ck		ED (write the word)	July 19th	, 193 3
5a. If n	narried, widowed, or divord	ed	1 11 11 1	CONCA	(Month) (Day)	(Year)
(o	USBANO of or) WIFE of				22. LHEREBY CERTIFY, That I attende	d deceasad from
					June 1st 1023 to July 19th	19.33
	E OF BIRTH (month, day,		1873		Hast saw h. er alive on July 19th 19 2	\mathbb{Z} ; death is said
7. AGE	Years 60	Months	Oays	If LESS than I day,hrs.	to have occurred on the data stated above, at 12: 10 m. M.	
			iknown	ormin.	were as follows:	Oate of onset
NO 8.	 Trade, profession, or parkind of work done, as 	SPINNER,	Unknow	m	Chronic myocarditis and	
OCCUPATION	SAWYER, BOOKKEEP Industry or business in	which		(44	Erteriosclerosis	
J.	work was done, as SII SAW MILL, BANK, etc	LK MILL,				
00 10	Date deceased last work this occupation (mont	ed at	11. Total	tima (years)		
17	year)			upation	Other Contributory Causes of importance:	
12. BIR	THPLACE (city or town)	Mar	yland		Syphilis	2
	(State or country)					
13.	NAME Unk	nown				
13. 14.	BIRTHPLACE (city or tow	n)Unkn	lown		Name of operation	
	(State or country)				What test confirmed diagnosis? Was there an	au'opsy?
I	MAIOEN NAME	Unknow	n		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
O 16.	BIRTHPLACE (city or tow	n)	Unknow	n	Accident, suicide, or homicide? Date of injury	, 19
-	(State or country)	34-7 77			Where did injury occur? (Specify city or town, county and St	
17. INF	ORMANT		ecords		Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC P	LACE.
1.E BIIE	(Address) PO		le, Mar	yland		
	place Cumlan	Wash,	Jenste 7/21	6 123	Manner of injury	
	9: G	S. A. F.	7 11		Nature of Injury	
	(Address)	MIDI	amer -		24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	(1	RAK	746.	If so, specity	ac
20, FILE	EO			Registrar	(Signed) rown ville, we rule	M. 0

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View Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

OCCUPA-

Jo

1. PLACE O County Village or (

Length of res

(a) Resider

PERSON

2. FULL NA

female

5a. If married, widov HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trade, profe

9. Industry or

12. BIRTHPLACE (ci

13. NAME 14. BIRTHPLACE (State or

kind of

SAWYER

work wa SAW MII 10. Date deceas this occu

year) _.

(State or cou

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

20, FILED.

NOIL

V. S. No. 1

	-CERTIFICATE OF DEATH 06778		
F DEATH	93-0		
Anne Arundel	Registration Dist. No. 2		
ity Crownsville State Hospi			
in it.	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos. 16 ds. How long in U.S. if of foreign birth?		
MEVa Apps	10s U_as. How long in U.S. if of foreign dirth?yrsmosds.		
ce: No. Beltinore City, Ma (Usual place of abode)	r Jl Strid Ward. If nonresident give city or town and State		
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
black OR DivorceD (write the word)	July 14th (Day) (Year)		
red, or divorced	(mointi) (bay) (fear)		
400 400 400 400 400 400 400 400 400 400	22. I HEREBY CERTIFY, That I attended deceased from		
	Oct. 28th ,19 15, to July 14 ,1933		
(month, day, and year) 1885	I last saw h er alive on July 14th 1923; death is said		
Months Days If LESS than			
48 Unknown or min.	were as follows:		
ssion, or particular work done, as SPINNER, Housework	cute con 'astive heart failure		
business in which	(impliately		
s done, as SILK MILL, L. BANK, etc.			
ed last worked at pation (month and spent in this occupation			
	Other Contributory Causes of importance:		
ly or town)	- Chronic myocarditis 7 yre		
Unknown			
(city or town) Unknown	Name of operation		
country)	What test confirmed diagnosis?		
ME Uniciown	23. If death was due to external causes (VIOLENCE) fill in also the following:		

15. MAIDEN NAME

Uniroun

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT _ (Address) 18. BURIAL, CRIMATION OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

Manner of injury Nature of injury

Where did injury occur?

24. Was disease or injury in any way related to occupation of deceased? If so, specifix

(Address) Urovinsvi

Accident, suicide, or homicide? _____ Date of injury ____ 19

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
न के ह			
Other contributory causes of the ortange		Other contributory causes of importance:	
Gallstones	11ay 1,1923	Gastroenteritis	1 year
\\A			
			

of OCCUPA-

1. PLACE OF			Name of the last o	CERTIFICATE OF DEATH	6779
Village or C	ity Shore A	cres	(li yrs,mos	Registration Dist, No	Ward I number) mosds
	ce: No. 2411 N.			St., Ward. Baltimore, Md. If nonresident give city or town an	nd State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE W 1 CO	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 31 (Month) (Day)	, 193 ³ (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Joseph F			22. HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH	month, day, and year)	August '	7, 1853	I last saw h alive on, 19	; death is sai
7. AGE Yea 7 9	rs Months	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
kind of w SAWYER,	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			Acute edema of lungs	
work was	business in which done, as SILK MILL, L, BANK, etc	None			
	ed last worked at pation (month and	spe	ime (years) nt in this upation		
12. BIRTHPLACE (cit	y or town) It	e.1y		Other Coutributory Causes of importance:	
(State or cour	Dominick	Garbo		Chronic Myocarditis	
13. NAME 14. BIRTHPLACE (State or	(city of town)	tely		Name of operation Date of What test confirmed diagnosis? Was there an	
五 15. MAIDEN NA	ME Maia Di	fadda		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	(city or town)	taly		Accident, suicide, or homicide? Date of injury	
≤ (State or		10		Where did injury occur?	
17. INFORMANT (Address)	Finest 411 & Pu	offer	81	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL CREMAT	18. BURIAL CREMATION, OR REMOVAL Place Pero Cuthedral, Date ing 3, 19.33			Manner of injury	
19. UNDERTAKER (Address)	rank 7/18	isity.	2	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Admini F. Klawun	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Nov?.

(Address)

Jud.

B

V. S. No. 1

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V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERTIFICATE OF DEATH

11	C	60,		1 2
0	0	6	()	1

1. PLACE	OF DEATH			3	
County_	alg		~	Registration Dist. No.	-6
Village o	or City Lud	ley		NoSt.	.,Ward
Length of	residence in city or town where	daeth dawred		death occurred in a hospital or institution, give its NAME instead of street	
	1	death quarred	Ferre		
2. FULL N		9 0 p	Turk.		
(a) Resi	dence: No.	(Usual place)	of abode)	St., Ward. If nonresident give city or town	and State
PERS	ONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE		(write the word)	21. DATE OF DEATH July 30	193 3
5a If married wi	dowed, or divorced	Isnug	Ke	(Month) (Dey)	(Year)
HUSBAND (of _			22. HEREBY CERTIFY, That I atte	nded deceased from
				who was still orm	7-50,19 - 3
6. DATE OF BIR	TH (month, day, and year)	7-30-	33	I last saw h.c. alive on 7 - 3 6 ,19	多义; death is said
7. AGE	Years Months	Days	If LESS than 1 day, Phrs.	to have occurred on the date stated above, atm.	
	0 0	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, pi kind SAW 9 Industry work SAW 10. Date dec	rofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc			Vrematur but	7-30-38
9 Industry	or business in which was done, as SILK MILL,			04 10 0	
SAW	MILL, BANK, etc.			fill or	
- 1	ceased lest worked at occupation (month and		t in this		
year)	/	0000	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (State or		2. It			
	country)	the C	e rull,		
HTA 13. NAME 14. BIRTHPL	race new comments	11/1	ina		
4. BIRTHPL	ACE (city or town)	Maker	ne	Name of operation Date	
	11	in d		What test confirmed diagnosis? Was there	
E		Jan	03	23. If death was due to external causes (VIOLENCE) fill in also the fold	
O I6. BIRTHPL	ACE (city or town) e or country)	Mugi	u-	Accident, suicide, or homicide? Date of injury	, 19
) (State of Country)			Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State)
17. INFORMANT . (Address)	Juci	may)	in	Specify whether injury occurred in INDUSTRY, in HOME, of in Publi	G PLACE.
	MATION, OR REMOVAL	1		Manner of injury	
Place_D	immer Clr	1 Date July	1-31-,1933.	Nature of injury	
	Chas hus	mis.		24. Was disease or injury in any way related to occupation of deceased	12 lev -
19. UNDERTAKER (Address)		med		If so, specify	14
	7.	101/12	h D	(Signed) Letelle	eree M.D.
20. FILED	1 2 , 1933 / 20		Registrar.	(Address) Culture	Some

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
--

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months l day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc .. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this year) _____ occupation 12. BIRTHPLACE (city or town (State or country) HER 13. NAME FAT Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? ... Date of injury 19 16. BIRTHPLACE (city or town) ____ (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

19. UNDERTAKER 7: 13. Oliphert & Scale (Address) 13. a. C. fales Place 20. FILED 7/21, 1933 DONO OLIVA. Registrar.

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and rélated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

LARGIN RESERVED

	202-0
	Registration Dist. No.
(If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
1	St., Ward.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
1	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
	July 15, 1933, to 19
3	I last saw h; death is said
1	to have occurred on the date stated above, atm.
ırs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Date of onset
	Mend muria
	nochental Really
	Other Contributory Causes of importance:
	bushed between
	A de la constant de l
	truetor and weeker
	Name of operation Date of
	What test confirmed diagnosis? Draul Was there an autopsy?
	23. If death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide? Accident pate of injury rule 15, 19 33
	Where did injury occur? Oh 12 oak betroum Michaeville.
	Specify city or town, county and State) Specify whether injury occupied in INDUSTRY, In HDME, or In PUBLIC PLACE.
	s. Odn. industry
	Manner of injury like hed adjust tractory theash
13	Nature of injury dutenues he wire
	24. Was disease or injury in any way related to occupation of deceased?
Ž	If so, specify
-	N 314 11 X C 9 X 5-
-	(Signed) M. D. (Address) Qeee And M. D.
	(Noutes)

If more blanks are needed ada Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS th

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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5	Jo u	pluo	000	
3	iten	sh	of	1
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	ř
	ORD.	IYS	sta	
	RECC	PF	Sxact	
	LIN	LY.		
ING	NE	CI	sified	
ND	RMA	XA	class	
B	PE	d E	rly	cate.
MARGIN RESERVED FOR BINDING	V SI	state	rope	ertifi
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SVE	TI	plu	nay	ack
SE	INK	sho	it r	on b
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7	WIT	efull	ld ui	ınt.
	LY,	car	TH	porta
	AIN	d be	DEA	TION is very important. See instructions on back of certificate.
	PL.	houl	OF]	very
	ITE	on s	SE	SI Z
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V. S. No. 1

1			F MAR	YLAND-	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH					3
	CountyAr				Registration Dist. No. 21	
	Village or City	rnold S	tation		No. St., V [death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
	Length of residence in c	ity or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
	2. FULL NAME			EDERICH		
	(a) Residence: No.	Arnol	d Stati		St., Ward.	
	PERSONAL AN	ID STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 28	
	. If married widowed or dive			derich	(Month) (Day) (Yeel 22. I HEREBY CERTIFY, That I attended deceased	from
6.	DATE OF BIRTH (month, da	v. and year)	ulv 5.	1848	1 last saw h alive on, 19, 19, 19; death is	
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	Julu
	84		23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE	articular as SPINNER,	0.20.00.0		Date of o	nset
OCCUPATION	SAWYER, BOOKKEE	PER, etc	armer	~ - * - *	Was a state of the	
CUP	9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, etc.			Har a africum	
000	10: Date deceased last worth this occupation (mo year)	nth and	spe	ime (years) nt in this upation	Dun Sudent	
12.	. BIRTHPLACE (city or town)				Other Contributory Causes of Importance:	
_	(State or country)		many			
HER	13. NAME	u	nknown			
FATHER	14. BIRTHPLACE (city or to (State or country)	own)U	nknown		Name of operation Date of	
2	15. MAIDEN NAME	31	nknown		What test confirmed diagnosis? Was there en autopsy?	
MOTHER	16. BIRTHPLACE (city or to		nknown		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
Σ	(State or country)	7411/			Where did injury occur?	
17.	INFORMANT Mrs. (Address) Arno	Joseph	Wisema A. Co	n Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR	REMOVAL			Menner of injury	
	Place arnold,	Md.	DateJU_L	y 30 _{,19} 33	Nature of injury	
19.	UNDERTAKER John	n M. Ta	ylor Md.		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED July 30 ,	0	nc.	Registrar.	(Signed) Som flot form Arting	M. D.
		10		,		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06	785
1. PLACE OF DEATH	93-60	
County Chana arundel	Registration Dist. No. 21	
Village or City Fort Smallwood	No. Fort Smallwood Rdst.	Ward
9/	death occurred in a hospital or institution, give its NAME instead of street and nu-	
60 0 6 41		
F + 6		
(a) Residence; No. 1-OT 2 an allwood Ka (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White Married (write the word)	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) HISBAND of Rachel R. Hancock	22. I HEREBY CERTIFY, That I attended d April 19 33, to July 18th	19_33_
6. DATE OF BIRTH (month, day, and year) Phrel 18,1849		death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 4	
84 3 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER Land	Chronic myocarditis and	
	arteriosclerosis	indefi
Industry or business in which work was done, as SILK MIEL furner SAW MILL, BANK, etc.	Senility	nite
D ID. Date deceased last worked at this occupation (month and year) year) curvaint in this occupation occupation		
Lake Ifale	Diher Contributory Causes of importance: Chronic urinary retention due	
12. BIRTHPLACE (city or town) A and G now (State or country)	to enlarged prostate	5 mos.
# 13. NAME Parret Hancock		
13. NAME Jarret Hancock 14. BIRTHPLACE (city or town)	Name of operation Cystotomy Date of A	pri1-3
(State or country) Clanne Christel Co	What test confirmed diagnosis? clinical Was there an eu	topsy?no
15. MAIDEN NAME Rooda Subb	23. If death was due to external causes (VIDL ENCE) fill in elso the following:	
15. MAIDEN NAME R 60 da fueble 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country) Unive armilel Co p	Where did injury occur?	
17. INFORMATION Rachel R Hancock (Address) Fort Smallwood Rd	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Plattag Villing Country Date July 20, 1933	Nature of injury	
19. UNDERTAKER John 7 8 hung	24. Was disease or injury in any way related to occupation of deceased?	us
(Address) 713 Tuet W	If so, specify A term	3

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUILDIAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH Count Ame armale	STATE OF MARYLAND
Count Will William	CERTIFICATE OF DEATH
near	Registration Dist. No.
Village or City & Margarels (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed. Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (North) (Year)	that I get saw homelive on July 15, 1927.
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date state above, at 10.35%. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. Thos. ds. Contributory Rectoris
10 NAME OF FATHER albert G. Starley 11 BIRTHPLACE	(Signed) Church M. D. M. D. Prestar St.
(State or country) or gund 12 MAIDEN NAME OF MOTHER Josephine Cums	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs ds. Where was disease contracted,
(Informant) The Post of MY KNOWLEDGE (Address) 3909 Cauterbruse Roa	Former or usual residence
Filed 1923 2-1 Registrar If more banks are needed, address State Registra	Margart J. Hyran 1422 hight 1. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of er," etc., without more process. "Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return" Laborer,"" Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Locomotive engineer

Strtement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "(Ethaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; taken. For VIOLENT DEATHS state MEANS OF INJULY Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Example: Mcasles (disease valvular etc. The contributory Always qualify all heart Poisoned by not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

state

1	. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Anna Arundel	Registration Dist, N
	Village or City Crownsville State Hospit	death occurred in a hospital or institution give its NAME instead
	Length of residence in city or town where death occurred 7 yrs 12 mos	. 20 ds. How long in U.S. if of foreign birth?y
2	. FULL NAME Howard Hawkins	
	(a) Residence: No. Charles County, Mar (Usual place of abode)	VISLAD Ward. If nonresident give city
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
	SEX 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH July 15th (Month) (E
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, The
	(or) WIFE of	July 9th ,19 25 to Jul
6. 1	DATE OF BIRTH (month, day, and year) 1885 ?	t last saw h im alive on July loth
7. 4	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9
TION	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teamster	Chronic Interstitial Nephritis
OCCUPATION	9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
ÖÖ	10. Date deceased last worked et this occupation (month and year)	
12.	BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
ER	13. NAME George Lanking, dead	
FATHI	14. BIRTHPLACE (city or town) Lienging and (State or country)	Neme of operation
TER.	15. MAIDEN NAME Hester Green	23. If death was due to externel causes (VIOL ENCE) fill in elso
MOTHE	16. BIRTHPLACE (city or town) LLT fland (State or country)	Accident, suicide, or homicide? Date of i
17.	INFORMANT Hospital Lecords (Address) Crownsville, Maryland	(Specify city or town, c Specify whether injury occurred In INDUSTRY, in HOME, or i

06787

1	7		5 1	
unde	1		Registration Dist, No.	
ngvi	lle Stat	e Hospii		ard
		(1	If death occurred in a hospital or institution, give its NAME instead of street and number)	
n where	death occurred	yrs,mos	s. 20 ds. How long in U.S. if of foreign birth?yrsmos	ds.
How	ard Hawl	ins		
Cha	rles Cou	ntv Ma	rylstnd Ward.	
	(Usual place o	f abode)	If nonresident give city or town and State	
ATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	represent .
ACE	5. SINGLE, MARR OR DIVORCED Sing	(write the word)	21. DATE OF DEATH July 15th (Month) (Day) (Year)	
			22. I HEREBY CERTIFY, That I attended deceased fully 9th 19 25 to July 15 19 3	from
ır)	1885	9	t last saw h 1m alive on July 15th 19 33; death is	eaid
onths	Days	If LESS than	to have occurred on the date stated above, at 9 . ZOP.m.	Salu
Unik	no wn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		ormin.	were es follows:	iset
NER,	Teums	ter	Garonic Interstitial	
			- Mephritis 3 mo	S-
.L,				
	11. Total tim	ne (years)		
	ocanb spant	ation		
·/la	nd		Other Contributory Causes of importance:	
-0.75.74				
0.033.19	o Ten Trim	a doca		
-	e Laskin	a, uesu		
ــــــــــــــــــــــــــــــــــــــ	ryland		Neme of operation Date of	
			What test confirmed diegnosis? Was there an autopsy?	
	een		23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
:Vla	nd		Accident, suicide, or homicide?	
2			Where did injury occur? (Specify city or town, county and State)	1
	ecords e, Maryl	& nd	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
-	1-1		Manner of injury	
a	Date //19	33,	Nature of injury	
Vzu	with D	upt.		
			24. Was diseaso or injury in any way related to occupation of deceesed?	
-	27401		If so, specify	·
	1,701	100		1. D.
7.0	18	Registrar.	(Address) TOWNSVILLE, Meryland	
is more	vianks are needed, ad	aress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

TION is v

19: UNDERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

TION

19. UNDERTAKER (Address)

20. FILEO Y

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County CL . Registration Dist. No. Village or City Serves Ward __St.,_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. Length of residence In city or town where death occurred Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) nerre (Month) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days to have occurred on the date stated above, at_____m 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. were as follows: Date of onset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 10. Date deceased last worked at ŏ this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME FAT 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) Where did injury occur? (Specify city of town, county and State)

17. INFORMANT (Address) OR REMOVAL 18. BURIAL, CREMATION

Registrar.

If so, specify

(Address)

24. Was disease or injury in any way related to occupation of deceased?

occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing IVS NEW

Manner of Injury

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06789
1. PLACE OF DEATH	
County 4	Registration Dist. No.
Village or City Cincifro Om	death occurred in a haspital or institution, give its NAME instead of street and oumber)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ame dusly	
(a) Residence: No. Broadnes (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Washes	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A STATE OF AUTOMOTIVE AND A STATE OF A STATE	I last saw h & alive on 2004 17 1933 deeth is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at D. A. m.,
15, 3 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Arnaelvark. SAWYER, BOOKKEEPER, etc.	Malmie Coma guly/6/33
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	
Brandinh	Other Contributory Cause of Importance: Chy New Charles
12. BIRTHPLACE (city or town) Catherine (State or country)	CM regresses e regressiones
13. NAME John Hunt	
13. NAME FUND FUND	Name of operation
(State of country)	What test confirmed diagnosis? N.P. B. P. Was there en autopsy?
15. MAIDEN NAME Le Shell 16. BIRTHPLACE (city or town) Blacelmont (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT Thromba Angles (Address) Brandnick	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Differential Date 119	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify/
20. FILED JULY 19.33 Joseph C. Toy a M. Registrar.	(Signed) 1 WWW 1 1 WW 0 4 M. D. (Address) 46 South 9 wts CV3
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
L Bo	1		
Other contributory causes of importance:		Other contributory causes of importance:	E-12-1 E-1
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	06

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06790
1. PLACE OF DEATH	(12)
County ame areendel -	Registration Dist. No. 20
Village or City Sothern	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred it a hospital of institution, give its NAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME augustence Johns	Ou -
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Maly 44 193 3
flynel myw - Rmgen	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (14, 07th 1933	19 33, to feely 4, 19 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on fully 19.83; death is said to have occurred on the date stated above, at 2.400.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or particular	Unanity Oata of onesat
9. Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Littuace - 2nd. (State or country)	Other Contributory Causes of importance:
13. NAME James Johnson	
14. BIRTHPLACE (city or town) Many laced	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Agrie Follieges md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LLL JON Date July 5th 33	Menner of injury
19. UNDERTAKER John A Thomas. (Address) Lothian. Md.	24. Was diseese or injury in any way related to occupation of deceased? If so, specify
20, FILED July 5th 1933 W.R. Claytor	(Signed) Loudy His with M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRATUR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County aline Oxendel	Registration Dist. No.
Village Dr City Ollicard (II Length of residence in city or town where death occurred vrs. mos. 2. FULL NAME Mortuan (a) Residence: ND. (Usual place of abode)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 16 th 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. JO. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) WHILL 14. BIRTHPLACE (city or town) (State or country) WHILL 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) WHILL 16. BIRTHPLACE (city or town) (State or country)	I last saw hallve on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The Could had Dianchese Could Cause of importance were as follows: Ditter continuous of importance: Ditter continuous of importance: What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RENOWN Date July 17, 1933 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any day related to occupation of degreesed? If se, specify (Signed)
20. FILED Seeley 16, 1903 3 W. M. Clay to 7.	(Address) Lillace, Steel,

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1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 2. FULL NAME RECORD. (a) Residence: No. (Ushal place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF/DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profession, or particular UPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL. should SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... instructions Other Contributory Causes of importance: (State or country) HER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation__ (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important, 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury______ 19__ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. should OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of Injury_ LION 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER. (Address) If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rouestang U.S. Stolla

BINDING

RESERVED

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06794
1. PLACE OF DEATH	949
County Ann arundel Co	Registration Dist. No.
Village or City Dileson Islama	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,_Dmos.	A
2. FULL NAME Com Denjan	namer
(a) Residence: No. Saltal. With a (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed of divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Kalharin L. Kramer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May - 31-1885	I last saw have alive on 715/22, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atA_m.
70 / S ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNEB.	Certanary Mountains 7/3/22
9. Industry or business in which	
SAW MILL, BANK, etc. Drown Cork Seule	9
10. Date deceased last worked at this occupation (morning and 33 spent in this occupation)	
Care Back - it	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	capilland Aubelland ?[1]
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marin Linden	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marcia Linding 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
State or country dringing	Where did injury occur?
17. INFORMANT MOSS Steams (4)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAPION, OR BEMOVAL Place 2008 [19 33	Manner of injury
19. UNDERTAKER Slewart of Mowen Co	24. Was disease or injury In any way related to occupation of deceased?
(Address) 13 celto, mil	If so, specify
20. FILED 7-15, 19 33 K. 4: 03 lette Registrar.	(Signed) Werell I that M. D. (Address) Johns Majorius Mary Balla
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
	searly traderout behalf son builos
_	
_	Dy De C. B. Rreman, 807 Cathedrell

V. S. No. 1

FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
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ARGIN RESERVED FOR BINDING	UNFADING INK-TI	supplied. AGE should	n terms, so that it may	ee instructions on back
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.

1	S. PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE OF DEATH ()(6795	
	County Anne Arundel Village or City Colonial Beach						
				T (II	death occurred in a hospital or institution, give its NAME instead of street and n		
	Length of residence in cit	y or town where d	eath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.		
2	FULL NAME. LO						
	(a) Residence: No	16 9 S	. Morle (Usual place	y st.	St., Ward. Baltimore If nonresident give city or town and	State	
	PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. 5		R OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 19th	, 193 3	
5a.	If married, widowed, or divo	2200	marr	160	(Month) (Day)	(Year)	
HUSBAND of Adam A. Kreis			reis		22. 1 HEREBY CERTIFY, That I attended deceased from		
	DATE OF BIRTH (month, day	Δ116	riict 6t	h T885	last saw h alive on, 19, 19, 19		
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7 • 40pm.	; death is said	
	47	II	I8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
7	8. Trade, profession, or pa	rticular		, 01	Chronic myocarditis& nephriti	Date of onset	
10	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife			wife	Arteriosclerosis	10 yrs	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
000	10. Date deceased last worked at this occupation (month and year) 31. Total time (years) spent in this occupation						
12	BIRTHPLACE (city or town).	Reli	timore		Other Contributory Causes of importance: Coronary embolism		
14.	(State or country)			d	- Mironar smildrigh		
ER	13. NAME George Stallo						
FATHER					Nama of operation Date of		
FA	14. BIRTHPLACE (city or to (State or country)	wn)	German	v	What test confirmed diagnosis?		
ER					23. If death was due to external causes (VIOLENCE) fill in also the following		
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)Germa	יייי		Accident, suicide, or homicide? Date of injury		
					Where did injury occur?(Specify city or town, county and State)		
17.	(Address)	lam A. I	same		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	ICE.	
18. BURIAL, CREMATION, OR REMOVAL					Manner of sniury		
	Place New Ca	thedral	Date 7-23	7	Nature of injury		
19.		J. Rucl				no	
	(Address)	Baltir	nore	0	If so, specify	٠ د	
20.	FILED /-/9,1	Se Se	. 6. 6	3 Cerp 20	(Signed)	M. D.	
DC.				Registrar.	(Address)	· Ad	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory eauses of importance: Gastroenteritis	1 year	

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FATHER

MOTHER important,

13. NAME

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infor

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel 21 County Registration Dist. No. No. P.O. Solley Village or City Stony Creek No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 9 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds Louis Kuchli 2. FULL NAME Solley. Md. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) July white male widowed (Month) 5a, If married, widowed, or divorced HUSBANO of Katherine . Kuchli (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Jan. T9th. 7. AGE Months Oavs If LESS than to have occurred on the date stated above, et. 6 ... m. 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 58 5 Accidental drowning 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, retired 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et 11. Total time (yeers)

If nonresident give city or town and State I HEREBY CERTIFY. That I ettended deceased from Date of onset spent in this this occupation (month and 1923 occupation 12. BIRTHPLACE (city or town). (State or country) unknown Name of operation...... Oate of 14. BIRTHPLACE (city or town) (State or country) Germany What test confirmed diagnosis? DOS t-mortemwas there an autopsy? no unknown 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 19____ 16. BIRTHPLACE (city or town) (State or country) Germany Where did Injury occur? (Specify city or town, county and State) Peter Kuchli, son Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Orchard Beach. 18, BURIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? Harle 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 MIG . 4.8. H			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	w to	1 PLACE OF DEATH	STATE OF MARYLAND
,	- ANS	County A A County	CERTIFICATE OF DEATH
X	RECORD EXACTLY. PHYSICIANS sified. Exact statement of	VHIago or City Patrix aut Village PO. Ole 2 FULL NAME Vina 4. Larle	Registration Dist. No. [If death occurred to a hospital or institution give its NAME instead of street and number.]
	EXACT Sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAMAIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I information should be carefully supplied. AGE should be stated SAUSE OF DEATH in plain terms, so that it may be properly class in is very, important. See instructions on back of certificate.	Golor d Sangle Married, Month Married, Marrie	(Month) (Day) (Year (Month) (Day) (Month) (Day) (Year (Month) (Day) (Month) (Day) (Month) (Mon
	Every Should	(Address) Odenton Md 15 File My 4, 1983 W.J. Jones File My 4, 1983 W.J. Jones File My 4 Docal REGISTRAR If more blanks are needed, address State Begistrar,	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL Lely 6, 167. 20 UNDERTAKER M. Flading Pono Fouri Md 16 W. Saratoga St., Balto., Réquesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, state occupation at beginning of illness. or given up on account, of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, "Forcinan," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (0) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, teta: under the head of "Contributory." mus, ges, perilonaeum, etc., l'arrinoma, Sarcoma, etc., of suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage cause. etc., when a definite discuse can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atropny,
"Acropny,
"Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nepiritis, etc. cough; Chronic visicular hairt desease; Chronic interstition "Tumor" for national neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from childby railway train-accident; Revolver The contributory (secondary or intercurg., sepsis, tetanus) may be stated as "PUERPERAL septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations "Atrophy," wound of ("Con-

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PLACE OF DEATH County A A. Carut CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or instituion, give its NAME instead of street and 16 DATE OF DEATH 3 SEX COLOR OR RACE 5 SINGLE I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH193.2.., to.. (Month) (Day) and that death occurred on the date stated above, at& 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. ···mos.····ds. or ··· min. ? (a) Trade, profession or House particular kind of work a important. (b) General nature of industry business, or establishment in (Duration) which employed or (employer) .. Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ... 192. 2. (Address) ... Z. 11 BIRTHPLACE H *State the Pisease Causing Death, or, in deaths from Yiolent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER te CAUSI Z (State or country) 00 12 MAIDEN NAME OF MOTHER 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place of death yrs. mos.da. State, yrs. mos. da (State or country) Where was disease contracted, if not at place of death?.. usual residence. SATE OF BURIAL if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reployed, as At school or At home. Case should definite salary), may be entered as House at honsehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Trocery; (a) Foreman, (b) Automobile factory. To material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is neces Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illne s. or given up on account of the DISLAGE CAUSING gaged in domestic service for wage to report specifically the occupations Physician, Compositor, Architect, Locanotice tion applies to each and every person, irrespective of Housemaid, etc. Statement of Occupation - Precise statement of oc Foreman, (b) Automobile factory. ctc., without more presise specification as Day For many occupations a single word or term on 01. At Home, and children, not If the occupation has been changed account of the practice. A. Samples: (a) If ie hed from of persons caguitfully emduties of the be taken cagincer. Touse

V. S.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the mine recepted term for the causation). Using always the mine recepted term for the causation. Example to with a plant feeer (the only definite synonym is "Epic off Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e.g., sepsis, tetanus) may be stated under the myrs, periformeum, etc., Curcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PULRPIRAL septicaemia." "PULRPIRAL paritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all vulsions." "Debility" ("Congedital," "Senile," etc.),
"Dropsy." "East failure," "Hacmorsympt matic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report more symptoms or causing death), 29 ds.: Bronchopneumonia Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. taken. State cause "Uraemia," "Weaknes:" ctc., when a definite disease rhage. conditions. stated unless important. Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association. of "Tumor" for malignant neoplasms); of "contributory." of cause of death approved by Committee ou accident: Revolver wound of head-homicide; "Inamition" "Marasmus," "Old Age," "Shock," FOR VIOLENT DEATHS State MEANS intenstitial nephritis, etc. The contributory such as "Asthenia," "Anaemia" Accidental drowning; Struck by railway injury, as fracture of skull, aud conseor intercurrent) affection need not be for which surgical operation was under-(Recommendations on state-Example: Measles is less definite; avoid OF INJURY Mcastes; terminal (second-(disease (mcrely or

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. JARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06700
1. PLACE OF DEATH	207-00
County anyr Grundel	Registration Dist. No. 23
Village or City & Krahuus Berry 17 1-	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JONY Marino	
(a) Residence: No. (Usual place of abode)	St., Ward. Somewhelf w Polito If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE ORDIVORCED (wrighte word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yoar)
HUSBAND of (or) WIFE of	July 9 1933, to 19
6. DATE OF BIRTH (month, day, and year)	I last say h alive on 19 death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset Call and for
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occumulated march and	burg struck by
10. Date deceased last worked at this occupation (years) spent in this occupation year)	9 Un W BY Ja R.B
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance Condendal
(State or country) & Class (13. NAME UNITATIVALE	Wealth
E 13. NAME UNITALWALL	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide of Leafler to the control of t
17. INFORMANT UM 6 Peterson (Address) Odnative my	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stylinday Churchy Base 9 July 1933	Manner of injury
19. UNDERTAKER Thomas W. Dingliton and (Address)	24. Was disease of injury in any way related to occupation of deceased? If so, specify 19 Editor 19 10 10 10 10 10 10 10 10 10 10 10 10 10
20. FILED 9 MM, 1933. Registrar.	(Signed) NO ESAN E HUSINGY ENSYTHME. (Address) Odenting TWO
	2217 N Charles Street Baltimore Requesting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

mation	pluods	be	carefull	y sı	upplied.	AGE	shoul	d be	stated E	XACTL	Y. 1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI
CAUSE	OF D	EA	TH in pl	lain	terms, s	so that	it ma	y be	properly	classified.	Exa	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen
TION is	s very	imp	portant.	See	instruc	tions o	on pac	k of	TION is very important. See instructions on back of certificate.			

nt of OCCUPA-

SIAIL O	F MAR	YLAND-	CERTIFICATE OF DEATH	6800
	7		97)	,
Obditt)			Registration Dist. No.	7
Village or City		- (li	St., f death occurred in a horpital or institution, give its NAME instead of street as ds. How long in U.S. if of foreign birth? yrs.	and number)
		m)McCain		11105
			Nest/lend Ward.	
(a) Residence: No.	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOR OR RACE black		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH July 14th	, 193
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Unio	nown		22. I HEREBY CERTIFY, That I attend	ded deceased from
			June 26th 1933 to July 14t	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	1879 ·	If LESS than	to have occurred on the date stated above, at 5:30Pm.	- death is said
	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	TP 7		Cerebral arteriosclerosis	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Ur 'mo "	n		
work was done, as SILK MILL,		etto etto		
Date deceased last worked at	11. Total ti	me (years)		
this occupation (month and ————year)		tin this		
12. BIRTHPLACE (city or town) VIRE (State or country)	inie		Other Contributory Causes of importence: Senility	?
🖺 13. NAME James Toda	ein			
13. NAME James 1008 14. BIRTHPLACE (city or town) (State or country)	rginie		Name of operation Date of What test confirmed diagnosis? Was there	
# 15. MAIDEN NAME Isabel	lle (Un	known)	23. If death was due to external causes (VIDLENCE) fill in also the follow	
15. MAIDEN NAME ISSUE: 16. BIRTHPLACE (city or town) /118.	inia		Accident, suicide, or homicide? Date of injury	
(State of Country)		***************************************	Where dld injury occur?	
17.INFORMANT HOSpital I (Address) Grownsvill	le cords Le, Har	rland	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) PLACE.
18. BURIAL, EREMATION, OF REMOVAL	1/1	i - al	Manner of injury	
Place ff - 4 Tolores your	Date Filly	1955	Nature of injury	
19. UNDERTAKER (Address) QLOI 991	(e. 2	a falis	24. Was disease or injury in ally way related to occupation of deceased	
20, FILE 21 15 , 19 33 fr	ycc,	Registrar.	(Signed) (Signed) (Arthress) Service Ville Marrie	10 (M. D.
If more bl	anks are needed, as		24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.	8544

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

ARGIN RESERVED

WRITE

MOLL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			3-00

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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IARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Cou	STATE OF MARYLAND	CERTIFICATE OF DEATH 06803
Willage or City Hamed Length of residence in city or town where death occurred yrs. 3. mos. ds. How long in U. S. if of foreign birth? yrs. most. ds. How long in U. S. if of foreign birth? yrs. yrs. yrs. yrs. yrs. yrs. yrs.	2 2	
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town and occupation. Langth of residence in city or town where death occurred. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation. Langth of residence in city or town and occupation of decessed? Langth of residence in city or town and occupation of decessed? Langth of residence in city or town and occupation of decessed? Langth of residence in city or town and occupation of decessed? Langth of re	County a.a.	Registration Dist. No.
2. FULL NAME (a) Residence: No. Honoreidens give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE 5. SINGLE MARKIED, WIDOWED, OR DIVORCED Courte in York 5. If married, widowed, or diverced (vas) solver of Wars 6. DATE OF BITH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular 8. Sindle Months 19. 3. It is staw h. then alive on. July 9. Industry or business in which 19. 3. It is staw h. then alive on. July 19. 4. It is staw h. then alive on. July 19. 4. It is staw h. then alive on. July 19. It is staw h. then alive on. July 19. 4. It is staw h. then alive on. July 19. 4. It is staw h. then alive on. July 19. 5. It is staw h. then alive on. July 19. 6. It is staw h. then alive on. July 19. 6. It is staw h. then alive on. July 19. 6. It is staw h. then alive on. July 19. 6. It is staw h. then alive on. July 19. 6. It is staw h. then alive on. July 19. 6. It is	2 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Clustaplace of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	0 10 0 0	
3. It married, widowed, or divorced 15. It married, widowed, or particular 15. It married, widowed, or particular 15. It married, widowed, or particular 15. It lest saw, h		
OR DIVORCED (winhs the vord) Sa. If married, widowed, or divorced (sex) JAHFE of SIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months S. Trade, profession, or particular S. Average Book Keffer R. etc. S. WYER, BOOK KEFFER, etc. S. WYER, BOOK KEFFER, etc. S. Industry or business in which SAW MILL, BAHK, etc. 10. Date of cascassed last worked et Way and this occupation (month and year) Other Contributery Causes of importance: When the Confirmed diagnosis? What less confirmed diagnosis? What less confirmed diagnosis? Was there an autopay? Where did Injury Name of operation. Date of Whet lest confirmed diagnosis? Was there an autopay? Where did Injury Name of injury Nature of injur	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBANO of (ac) WHEE A LANGE MUSICAL ACTION AND A LANGE WE AND A L	Me w OR DIVORCED (with the ord)	July 17 193 3
TAGE Years Months Oays If LESS than Iday. hrs. or an activate in the contribution of the date stated ebove, gr. 4.3 9 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Note that of were the many as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK will. SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at 11. Total time (years) as pent in 1818 occupation (month and year). Saw MILL BARK, etc. 10. Date deceased last worked at 11. Total time (years) as pent in 1818 occupation (month and year). State or country) What is confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Date of injury. 17. INFORMANT (Address) James of operation. Name of operation. Date of Whet test confirmed diagnosis? Was there an autopsy? Whet edit Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury. Name of operation. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Where did Injury occurred in Industry. Name of operation. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Was there of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? Was there one occurred on the date stated ebove, gr. 4.3 9 m. The RRINGITAL CAUSE OF DEATH and related causes of importance were as follows: The RRINGITAL CAUSE OF DEATH and related causes of importance were as follows: Whet test confirmed diagnosis? Whet test confirmed diagnosis? Whet test confirmed diagnosis? Whet edit Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Was there are a public because of importance were as a pu	HUSBANO of	
To have occurred on the date stated above, gf. 43 % m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wave as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance wave as follows: SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, and a spent in this posent in this occupation (month and year) 10. Date deceased last worked et 1/1/2 2 11. Total time (years) apent in this occupation (month and year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINON, OR REMBYAL Place 19. UNOERTAKER Address) 19. UNOERTAKER Address) 19. UNOERTAKER Address) 19. UNOERTAKER Address 19. Industry 19. UNOERTAKER Address 19. Industry 19. INFORMANT 19. UNOERTAKER Address 19. Industry 19. UNOERTAKER Address 19. Industry 19. INFORMANT 19. UNOERTAKER Address 19. Industry 19. INFORMANT 19. INFORMA	6. DATE OF BIRTH (month, day, and year) Bat 12- 1880	I lest saw h www alive on July 47 1, 1933; death is sei
8. Trade, profession, or particular in the control of the control	6-3 Q 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMOTON, OR REMOVAL Place Place Oate O	8 Trade profession or particular	Myourfilm & Myourtral may inte
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMOION, OR REMOVAL Place 19. UNOERTAKER (Address)	Spent in this	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMOTION, OR REMOVAL Place Oate	12. BIRTHPLACE (city or town). ansapyles on	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMOTON, OR REMOVAL Place Oate	13. NAME Momes L. myers	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMICION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Where did Injury 10. Oate 10. Date of injury 10. USpecify city or town, county and State) 10. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. USPECIAL OF THE PUBLIC PLACE. 11. Was disease or Injury In any way related to occupation of deceased? 11. If so, specify 12. USB disease or Injury In any way related to occupation of deceased? 15. MAIOEN NAME 22. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Nature of Injury 19. UNDERTAKER (Address) 10. (Slengel) 10. (Slengel)	14. BIRTHPLACE (city or town) (State or country)	
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Harried Check ac. 5 (a) 18. BURIAL, CREMICION, OR REMOVAL Place One One One One One One One One One On	15. MAIOEN NAME Press Oliver	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
18. BURIAL, CREMOTON, OR REMOVAL Place of Control Oate Puly 20, 19:33 Manner of injury Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Address) (Storned)	17. INFORMANT Grace myers	Where did Injury occur? (Specify city or town, county and State)
(Address) and cholk the If so, specify (1) and (1) and (1)	18. BURIAL, CREMOVION, OR REMOVAL	
10 10 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10		
20. FILED 1, 1933 Frag C Filed (Address) Glundfords Wil	20. FILEDUL 19, 1933 frags C fragstar.	(Signed) Lord Boxil M. D (Address) Jewis Jords Wil

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAISOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-P 06804
County Chance, Chandles	Registration Dist. No.
Village or City White Hall Beach	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Office Origina	Oliver 200
(a) Residence: No. 300 West 512 (Usual place of abode)	St., Ward. St. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) 5a. If married, widowed Ordivorced	21. DATE OF DEATH Month) (Day) (Year)
HUSBAND of James N. Celiver	22. IMEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Trans 29 1874	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 200 Am.
39 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
SAWTEN, BUSINEET EN, GO.	
work was done, as SILK MILL learn home	Cleate Glelolin 1
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and spent in this	LearX .
year) occupation occupation	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salling	Office Controllery Canes of Importance.
(State or country)	
13. NAME Enge St. Lewis 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hesty Feart	23. If death was due to external causes (VIDLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) / Caup Caus	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / 300 20 31 20 20 Paulto	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL	Manner of Injury
Plan outon fait Dateling 1, 1933	Nature of injury
19. UNDERTAKER Welleau Cook	24. Was disease or injury in any way related to occupation of deceased?
(Address) Boly we	If so, specify
20. FILED IN 31, 1933 Day L S. Jon on Miles	(Signed) Chances Coroner
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Reguesting V.S. No. 1. aboli und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I

Example II

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06805
1. PLACE OF DEATH	
County QQ.	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH LOS LOS (Nonth) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEBEBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19, 19, death is seito have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (months and separation this securation for the same separation).	accidentally drawed
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Eckhart Mores (State or country)	Dther Contributory Causes of importance:
13. NAME Musta Cace 14. BIRTHPLACE (city or town) Taly (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rose Hele 16. BIRTHPLACE (city or town) Skaly (State or country) 17. INFORMANT Heela Page (Address) Washenston	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washington & Date July 3, 1933	Manner of injury Cacadavalof Plancon
9. UNDERTAKER Perrya Walch (Address) Markeylin C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 13 3 , 1933 Joseph C. Jon Registrar.	(Address) Color Co

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		VRC 5 1838	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. ä

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u> </u>	7
County acure accorded.	Registration Dist. No. 20	
Village or City Othiace	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos,	de
2. FULL NAME Sauce 1 Pas	tes/	us.
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye)	3
5a. If married, widowed, or divorced HUSBAND of	Month) (Day) (Ye	ar)
(or) WIFE of Susses Parker	22. HEREBY CERTIFY, That ettended deceased	from
6. DATE OF BIRTH (month, day, and year)	(Mast saw h. La alive on Feels (3) 1933 death	23
7. AGE Years Months Days If LESS than	Wast saw half alive on the date stated above, at 5:300m.	is said
about 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or posticular	Chronice mocardilis Date of	onset
kind of work done, es SPINNER, Fasuer	Chronie Mebbrilis ?	•
9. Tridustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Unpuia 7/2	29/23
U 10. Date deceased lest worked at 11. Total time (years)	7	
this occupation (month and 6/32 spent in this year)		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:	
(State or country) a a co mand		
13. NAME Sage Parker		
13. NAME Casher 14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an eutopsy?	14
15. MAIDEN NAME Hot- Ir wown	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Hat IT was well	Accident, suicide, or homicide? Date of injury	
2 (Stete or country)	Where did injury occur?	
17. INFORMANT Albert & Varher	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATIDN, OR REMOVAL		
Place a dame Charel Date aug 12 1038	Menner of injury	
1/10 W-01	Nature of injury	
19. UNDERTAKER (Address) Free dation Md	24. Wes disease or Injury in eny way related to occupation of deceased?	CP
free to the same of the same o	If so, specify # 13 9 1	
20. FILED July 31, 1933 Hit Clayton Registrar.	(Signed) JAC A Right	. M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Į.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

CAUSE

OCCUPA.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	1 week ago		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1	y				
Other contributory causes of importance:	-	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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	TION is very important. See instructions on back of certificate	
	See	
100	important.	The state of the s
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STATE OF MARYLAND-CERTIFICATE OF DEATH

0	C		0	0
U	U	0	U	3

1. PLACE O	F DEAT	'H			(183)	
County	Anr	ne Arund	lel		Registration Dist. No.	21
Village or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Rock Cr			NoSt., f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	number)
2. FULL NA		Elbert		lips		000
(a) Reside	nce: No	201 W	Villis S		St., Ward. Cembridge, Md. If nonresident give city or town and	
PERSOI	NAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	wh	or race		RIEO, WIOOWED,) (write the word) Led	21. DATE OF DEATH July 2nd (Month) (Day)	, 193 3 (Year)
5a. If married, wido HUSBANO of (or) WIFE of			illips		22. HEREBY CERTIFY, That ettended	
9 Trade prof	ears 32 ession, or pa	Months 9 rticular ss SPINNER,	pt. 28t.	n, 1900 If LESS than 1 day, hrs. or min.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Accidental drowning	Date of onset
9. Industry or work w. SAW MI	business in as done, as S ILL, BANK, et sed last work upation mon	icb	oat cap	me (yeers) It in this pation life	Other Contributory Causes of Importance:	
(State or con			nillips	Md.		
13. NAME 14. BIRTHPLAC (State of	CE (city or tov or country)	vn) Can	nbridge	Md.	Name of operation Date of	
15. MAIOEN N 16. BIRTHPLAC (State of		Cami	Simmons oridge Md		23. If death was due to externel ceuses (VIOLENCE) fill in elso the followin Accident, suicide, or homicide?Oate of injury	g:
17. INFORMANT (Address)	(Cambrid	Philli ge, Md.	ps	Where did injury occur?	te) ACE.
18. BURIAL, CREMA			*Date 7-71	th 19 33	Manner of injury	
19. UNDERTAKER (Address)	STA	Baltimo	Jarle 7.4.	Luc	24. Was diseese or injury in any way related to occupation of decessed?	no M. D.
20. FILEO	Unit,	9		Registrar.	(Address) ufucleuc	e, us

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SAMEAN ASSESSMENT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE PLAINLY, WITH

1. PLACE OF DEATH	
County a a	Registration Dist. No.
	NoSt,Ward if death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Piva	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Get 30 - 1926	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
6 8 2 2 forhrs.	
8. Trade, profession, or particular	Wederlal Avorong
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	
2. BIRTHPLACE (city or town) Washington w.C. (State or country)	Other Contributory Causes of importance:
	-
13. NAME Leon. a. Moon	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edille Rumbulu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Gelille Rumbuchu 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Sweden	Where did injury occur?
7. INFORMANT Jeon a Piron (Address) Riva a a a a m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place At Mary & Date July 24, 1933	Manner of injury
9. UNDERTAKER 19 1 Hopfman (Address) annapolitical	24. Was disease or injury in any way related to occupation of deceased? If so, specify 2 eng & Basefuel & tung Corn
20. FILED July 2 4, 19 53 fray 4 C. frage C. Registrar.	(Signed) Circula function (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	90
County Anne Armodel	Registration Dist. No. 2/
Village or City Odeuton	No. St., Ward
Length of residence in city of town where death occurred 18 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) dsds
2. FULL NAME James Spencer Voo	re or.
(a) Residence: No. (Conway of a) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) White OR DIVORCED (write the word)	21. DATE OF DEATH July 4 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Married Ports	
(or) WIFE of	1 HEREBY CERTIFY That hattended becaused from
6. DATE OF BIRTH (month, day, and year) July 29, 1861	I last sw h_124 alive on sully 2 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 7. 15 Am.
7/ // 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade photosion or particular	Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (medits and the same time (years)) 11. Total time (years)	HAMINO-sclerosis 1930
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	Acute Schafation of
this occupation (month and 1930 spent in this occupation occupation	Teast (Suddlen)
12. BIRTHPLACE (city or town) Mashington (State or country)	Other Contributory Causes of importance:
13. NAME Villiam Hours Hoors 14. BIRTHPLACE (city or town). Washing ton (State or country)	Name of operation None Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matilda Johnson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Matcha Johnson 16. BIRTHPLACE (city or town) 16. Chata or country)	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT / M. J. Speciel Voor or. (Address) Facuto mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUNJAL, CREMATION, ON-REMOVAL	Manner of injury
Para le pertte Ind Date 19 19	Nature of injury
19. UNDERTAKER - J. Williams + Son (Address) wales but the	24. Was disease or injury in any way related to occupation of deceased? 10
20. FILED 7/6 , 192 2 Registrar.	(Signed) Jun M. C. (Address) Sumbrills M.D.
If the last the control of the contr	(mains)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 dayş ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	24	
BINDING	PERMANENT	EXACTLY
FOR	IS A	stated
ARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

V. S. No. 1

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06812
1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No2I
Village or City Rock Creek	No. St., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME John Prominski	
(a) Residence: No. I4IO Andre st. (Usual place of abode)	St, Ward. Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Single	21. DATE OF DEATH July 23rd (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 1904	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.20 R.
29 3 23 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 1aborer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month) and 0. 2.7. 10. Date deceased last worked at this occupation (month) and 0. 2.7. 11. Total time (years) spent in this month and 0. 2.7.	Accidental drowning Date of onset
year) /=22-33 occupation 7 yr 12. BIRTHPLACE (city or town) Baltimore	Other Centributery Causes of importance:
(State or country)	
13. NAME Frank Prominski 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation Dete of Dete of Whet test confirmed diagnosis? Post-mortem_was there an eutopsy? no
15. MAIDEN NAME Frances Baskoski	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Frances Baskoski 16. BIRTHPLACE (city or town) (State or country) Poland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Frank Prominski (Address) I4IO Andre st.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Holy Rosary Date 7- 26 ,19 33	Manner of injury
19. UNDERTAKER B. C. Harle (Address) Baltimore, Md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED. 7-23, 1933 2-a- 3 leep Registrar.	(Signed) A A A Lleva Nus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF	MARYLAND-CERTIFICATE OF D	DEATH 06813
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1. PLACE OF DEATH	(115-2)
County live arende	Registration Disf. No.
Village or City New Laurel, Mid	No. Dest Sawing Choolst, Ward
6 6	death occurred in a horpital or institution, give its NAME instead of street and number)
1 1 1 1 1 1	/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. The HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) leurs v, 19 20	i last saw h & aliva on July 1, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 6 50 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	A-4
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9, Industry or business in which	Vincent's augura 191/33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Journal of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Journal of work done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation Tour	
- Hashington	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Di Coto al Roschali di Conta
E 13. NAME Jacob & Lugh	Laioen V Enlesse.
13. NAME ACA C. Tugh 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Luusykauca	What test confirmed diagnosis?
15. MAIDEN NAME Place (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country) (Ingline	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN LEAD TO SUC (Address) New Lawe such	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Ce mutery	Manner of Injury
Place 7 Date 19	Nature of injury
19. UNDERTAKER Deat I School a	24. Was disease or injury in any way related to occupation of deceased?
(Address) vea Laurel, hid	If so, specify
20, FILED, July 3, 1933 dollara h Hooduh	(Signad) M. D.
Registrar.	(Address) DJ. S. Janua My

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting to 8, No. A.

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		But to		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH		
County Anne Arundel		Registration Dist. No. 22
Village or City Jessup, Ma	aryland	Mond Hallse of Correct, M. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occ	curredyrs4mo	s. 12ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Samuel Sew	ell	
(a) Residence: No. Maryland H	OUSE Of Corre	ectsion Ward. Truce Treducts Md If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SIN OR COLOred	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH July 16 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded deceased from
(4), 1112 61	7 2 2 4	May 27th 19 33, to July 16th 19 33
6. DATE OF BIRTH (month, day, and year) 3/5	1884	I last saw h_im_ alive on July 15th, 19.33; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at _6 _ OO _mA . M .
3Q 49 4	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	1 - 22	
SAWYER, BOOKKEEPER, etc	Foren	Carcinoma of Stomach :
work was done, as SILK MILL, SAW MILL, BANK, etc.	11	
	I1. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Prince Free (Stata or country)	levick. md.	Other Contributory Causes of importance:
13. NAME Leonard &	ewell	
13. NAME The state of the state	known	Name of operation. Laparotomy Date of 6-16-2. What tast confirmed diagnosis? Biopsy Was there an autopsy? No
15. MAIDEN NAME MANY	mothers	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANY 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
(State or country)	known	Where did injury occur?
17. INFORMANT PLONIES of Mel 7/	of Correction.	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE	instr. Conetry	Manner of Injury
Place Date Date	1/17 19.32	Nature of injury
19. UNDERTAKER And M. Colonia (Address) 638 M. Sein	iase Il Son	24. Was disease or Injury In any way related to occupation of deceased?NO
20. FILED 16 , 193 3 Clare	m Kaslup Laul Registrat.	(Signed) Algon Mng/ M. D. (Address) Algon M. D.
If more blanks as	re needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reducting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

ARRIT

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Example I		Example II	
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			-
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		IN FIRST CO.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARY PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classifi (If death occurred in St. Ward) a hospital or institu-"tead of street wimber.) of certification MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE15 SINGLE. MARRIED should it may OR DIVORCED (Write the word) I HERERY CERTIFY. That I attended the deceased & DATE OF BIRTH 192 to that instructions that I last saw h, alive on (Month) (Dav) (Year) 0 7 AGE If LESS than The CAUSE OF DEATH A was as follows: I day hrs. terms See OCCUPATION (a) Trade, profession or plain particular kind of work..... Important. (b) General nature of industry (Duration)yrs,.....mos..... business, or establishment in 2 Which employed or (employer)..... Contributory Secondary (State or country) d u 10 NAME OF 0 (Signed) FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from RENT OF FATHER SAUSE Violent Causes, state (1) Jeans of Injury: and (2) whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME A OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate c ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs. ...mos. da. State,yrs......mos. 30 Where was disease contracted. shoul 30 if not at place of death?..... usual residence... Every it CIANS stateme DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL If more blanks are needed, address State Registrat. 16 W. Saratoga St., Balto., Requesting V. S

BINDING

(Approjed by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, (a) Foreman. (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor. Architect, Locomotive engineer. expation is very important, so that the relative healthpinner. (b) Cotton mill; (a) Salesman, (b) Grocery; tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation - Precise statement of oc 6 yrs.). For persons who have no eccupation For many occupations a single word or term ou OF 4! Home, and children, not gainfully em-The material

Rease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Acrehrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Examples: quences (e. g., sepsis, totunus) may be stated under the train-accident; Revolver wound of head-homicide; head of "contributory." ture of the injury, as fracture of skull, and conse as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURI State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal poritonitie," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menuges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "Dropsy," "Exhaustion." "Heart vulsions." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Cougeuital," "Senile," etc.) Accidental drowning; Struck by railway Chronic valvular heart disease; (Recommendations on state-Example: Measles failure." "Haemor (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

	STA	TE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1814
1. PLACE OF		-	=31		97	,
CountyA	inne Ar				Registration Dist. No.	7
Village or Cit	ty Crow	nsvi	Lie Stat	te Hospit	81 No. St.,	Ward
Length of reside	enca in city or t	own whera	leath occurred	3 yrs. 9 mos	f death occurred in a horpital or institution, give its NAME instead of street and n	umber) sds.
2. FULL NAM	af F	anni	Shaef	er		
(a) Residence			nore, Ma		St., Ward.	
(a) Nesidenti	C. 110		(Usual place		If nonresident give city or town and	State
			CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR OR bla c		5. SINGLE, MAR OR DIVORCE	RIED, WIO OWEO, D (write the word)	21. DATE OF DEATH July 30th (Month) (Oay)	193 3 (Year)
5a. If married, widowed	d, or divorced				22. 1 HEREBY CERTIFY, That I attended of	
(or) WIFE of	Rober	t Wil	nston			19 33
6. DATE OF BIRTH (m	nonth, day, and	vear)	1889		Hast saw her aliva on July 30th 1933	; death is sald
7. AGE Years		Months	Oays	If LESS than	to have occurred on the date stated above, at 1; 30Pm.	
4	4	Unkr	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profess kind of wo SAWYER, E	ion, or particula ork dona, as SP BOOKKEEPER, e	or INNER, tc	Cook		Toxemia due to gengrene n	ma 2
Kind of wo SAWYER, It 9: Industry or be work was a SAW MILL 10. Oate decayed	usiness in which	7				
SAW MILL			11 7-1-14			
- I till occupe	ation (month and	d	spe	ima (years) nt in this		
					Other Coutributory Causes of importance:	
12. BIRTHPLACE (city (State or count	or town) ry)	Vir	3-1n18		Arteriosclerosis	
置 13. NAME N	ewton	Gare	7		_	
13. NAME N					Name of operation Date of	
(State of C					What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAM	E Susa		shire		23. If death was due to external causes (VIOLENCE) filt in also the following:	**
15. MAIDEN NAM 16. BIRTHPLACE (Vi	rginia		Accident, suicide, or homicide? Oate of injury	, 19
_ (State of C		7 5			Where did Injury occur? (Specify city or town, county and State	.)
(Address)		wnsv:	ille. Ma	ryland	(Specify city or town, county and State Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CLEMATIC	ON, OR REMOV	AL	Date 8/3	- ,533	Manner of injury	
19. UNOERTAKE	P.P.a	rule	rode 6	Rugh.	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	les	alert	rug	/	If so, specify	Q
20. FILEO. aug	3.33	80	18 y	Registrar.	(Address) Crownsville Marvins	M. O.
	-	If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	d

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BUREAU V.S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	1
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V. S. No. 1 89

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
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OCCUPATION

MOTHER FATHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06818
1. PLACE OF DEATH	
County Anne Arundel .	Registration Dist. No. 286 21
Village or City Crownsville State Hos	Lest Lest
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105. How long in U.S. If of foreign birth?
2. FULL NAME Ann Elizabeth Smit	h
(a) Residence: No. St. Mary's County, (Usual place of abode)	If some sident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX female 4. COLOR OR RACE OR DIVORCED (write the word) Wild Owed	21. DATE OF DEATH July 31st 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	(Month) (Day) (Year) 22. July 19th 23 July 21st 33
1900	, 19, to, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11:10P. M.
33 Unknown lady,hr	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dome stic	Exhaustion due to prolonged Oate of onset
S. Hade, polessing, of peritural Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWWER, BOOKKEEPER, etc. 10. Date deceased last worked et this occupation (months and peritural periturbation). 10. Date deceased last worked et this occupation which and periturbation (months and periturbation).	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance: Dementia Praecox - katatonic
	_ Lype ?
13. NAME John Mack 14. BIRTHPLACE (city or town) Mary Land (State or country)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
置 15. MAIDEN NAME Molly Butler	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MOILY Butler 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Hospitel Records 17. INFORMANT (Address) Crowns ville, Maryland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL had Senly	Manner of injury
19. UNDERTAKER Eugene Hally (Address)	24. Was disease or injury in any way related to occupation of deceased.
20. FILED 8 2 , 19 3 4 nass M	(Signed) IS what ille, Maryland M.D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEF 5 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Admitted July 19th, 1932
Died July 31st, 1933

FOR	BINDING	

V. S. No. 1

RECORD. Every item of infor-PHYSICIANS should state Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

of OCCUPA.

1. PLACE O		JF MAR	YLAND—		9
County	erunde	1		Registration Dist. No. 21	
Village or (City Crown SV		3 yrs. 4 mos		Ward nber) ds
2. FULL NA		Stewar			
(a) Resider	nce: No. <u>Baltin</u>	ore Cit	J. Maryle	ndSt., Ward. If nonresident give city or town and St.	ale
PERSO1	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 16th (Month) (Day)	93
5a. If marriad, widov HUSBAND of (or) WIFE of	wad, or divorcad	the six top type		22. HEREBY CERTIFY, That I attended dec March 8th 19 20, to July 16th	caasad from
6. DATE OF BIRTH	(month, day, and year)	1884		I last saw h im alive on July 16th , 19 33;	
	ars Months 9 Unk	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 3. Pa.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industry or work wa SAW MI	work dona, as SPINNER, I, BODKKEEPER, atc. business in which is dona, as SILK MILL, LL, BANK, atc. and last workad at upation (month and	00:	time (yaars) ent in this —— upation	Other Contributory Causes of importance:	7 des
12. BIRTHPLACE (c (State or cou	ity of town/	r/land			3 wks
H 13. NAME	Unknown				
(Stata o	r country)	known		Name of operation Date of What test confirmed diagnosis? Was there an au'c	psy?
15. MAIDEN NA	AME Unkno	mn		23. If death was due to axternal causes (VIDLENCE) fill in also tha following:	
	r country)	kno wn		Accidant, suicida, or homicide? Data of Injury Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	Crownsvill	ecords e Mary	Land	Spacify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE	
18. BURIAL, CREMA	TION, OF REMOVAL C	Data //	9 33,19	Mannar of injury	
19. UNDERTAKER (Addrass)	DER. P. Wh	ulerode	Supt,	24. Was disease or injury in any way ralited to occupation of decease?	2
20. FILED 2	19 2.7	for	Registrar.	(Signad) (Address) TO Wins Ville, Mer Jeno) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u></u>	

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE OF DEATH	MARYLAND—CERTIFICATE OF	
EATH		(0)	(01)	

A	C	Sec	2	1)	
U	U	0	60	V	

1. PLACE OF DEATH						2
County Anne Arur		Registration	Dist. No.	9		
Village or City	Severn	(1	No. New Cut	tion, give its NAM!	E instead of street a	_Ward
Length of residence in city or town who	are death occurred_	20 yrsmos	sds How long in U.S. if o	f foreign birth?	yrs	mosds
2. FULL NAME Emma	.Tepper	*****				
(a) Residence: No. New (ut Road		St.,Ward.			
DEDCOMAL AND COLO	(Usual pla	ace of abode)			give city or town	The second secon
PERSONAL AND STATIS			MEDICAL C	ERTIFICATE	OF DEATH	1
3. SEX 4. COLOR OR RACE Female White	OR DIVOR	ARRIED, WIDOWED, CED (write the word) ried	21. DATE OF DEATH	July (Month)	22 (Day)	,1933 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	s C.Tep		22. I HEREBY	CERTIF	Y That I attend	ded deceased from
				19.33,10	/	19.33
6. DATE OF BIRTH (month, day, end year) 2. 7. AGE Years Months		if LESS than	I lest saw h_ £2_ alive on	7	, 1030	3_=3, death Is said
	days	1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			
49 6		ormin.	ware as fallows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House	-work	Chronic En	lucar de l	Stew	n 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	At ho	me	Certina Se	luores	•	duda
10. Date deceased last worked at this occupation (month and year)		al time (yeers) spent in this occupation		\$		
	vern		Other Contributory Causes of impo		ida .	1 day
13. NAME Frederick	Bussey					
13. NAME Frederick 14. BIRTHPLACE (city or town)			Name of operation			
(State or country)	Germany		What test confirmed diagnosis?			12
15. MAIOEN NAME Not	known		23. If death was dua to external cau			
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?		Oate of injury	
(State or country)	Germany		Where did injury occur?			
17. INFORMANT Louis C. T			Specify whether injury occurred In	(Specify city or INOUSTRY, in HO	town, county and ME, or in PUBLIC	State) PLACE.
(Address) Severn Mc	1	0	Manner of injury			
Place Cedar Hill C	em . Date & Lu	ly 26,1933	Nature of injury			
19. UNOERTAKER John F.D	enny	/	24. Was diseasa or injury In eny w			
20. FILEO 7 25 , 19.33	M. Da	lba	If se, specify (Signed)	flu	examel	2
,	1	Registrar,	(Address)	0111	121-11-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALG 7 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

V. S. No. 1

ż

County Anne Arundel County Crownsville State Hospital No. Village or City. Crownsville State Hospital No. Length of raidence in city or town where death occurred yrs. 10 ("death-occurred in a hopital or institution, give its NAME instead of arreat and number) Length of raidence in city or town where death occurred yrs. 10 ("death-occurred in a hopital or institution, give its NAME instead of arreat and number) Length of raidence in city or town where death occurred As How long in U. S. If or foreign birth? yrs.	STATE O	F MARYLAND-	-CERTIFICATE OF DEATH	00004
Village or City Crownsville State Hospital No. Length of rasidence in city or town where death occurred. 2. FULL NAME Alice Turner (Juna) place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female Cluma place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female Cluma place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female Cluma place of shock) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the state of shock, at 1, 20 Pm. The personal state of the state above, at 1, 20 Pm. The personal state above, at 1, 2	1. PLACE OF DEATH		34)	00221
Length of rasidence in city or town where death occurred. 2. FULL NAME Alice Turner (a) Residence: No. Anne Arundel Gounty, Margiland Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX female Classes of Single, Married, Widowed, or divorced Widowed, or div	County Anne Aruno	del	Registration Dist. No. 2	1
Legible of residence in city or town where death occurred 2. FULL NAME Alice Turner (a) Residence: No. Anne Arundel Gounty, Maryland SEE female (Cloud place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEE female (Cloud RACE) SINGEL MARIES, WIDOWD ON DIVORCED (wince the word) Widowed or (city) wife of Unknown Sa. If married, widowed, or divorced Widowed, or divorced (with SAN) of (Worth) (Worth) 1. HERBY CERTIFY, That I attended deceased from the word) or (vit) wife of Unknown S. France, profession, or particular Minds of which the sale stated above, at 1: 30P. The PRINCEAL AUSE OF DEATH and the death above, at 1: 30P. The PRINCEAL AUSE OF DEATH and the death above, at 1: 30P. The PRINCEAL AUSE OF DEATH and cleated causes of importance were as follows: S. France, profession, or particular Minds of work done, as SPINNER, SANYER, BOOKSEFER, etc. S. France, profession, or particular Minds of work done, as SPINNER, DONE FERRE (ARUNDAL) (Control of the country) S. Seede of country) Maryland S. BETHPLACE (city or town) Maryland Solde or country) Maryland Manner of injury Nature of injury Manner of injury Manner of injury Nature of injury Nature of injury Nature of injury Manner of injury Manner of injury Nature of injury Nature of injury Manner of injury Nature of injury Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury Manner of injury Nature of injury Nature of injury Natur	Village or City Crownsvi	lle State Hospit	tal No. St.,	Ward
(a) Residence: No. ATIME ATUNDED GOUNTY, (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female Color or Race S. SINGLE, MARKID, WIDOWED, OR DIVORCED (wink the word) Wildowed 2. SEX female Color or Race S. SINGLE, MARKID, WIDOWED, OR DIVORCED (wink the word) Wildowed 2. If HER EBY CERTIFY, That I stended deceased from Cory Vife of Unknown 3. DATE OF BIRTH (month, day, and year) 3. DATE OF BIRTH (month, day, and year) 3. DATE OF BIRTH (month, day, and year) 3. Life Silant I day,his. or alive on July 25 19.33; death is said to have accurated on the date stated above, at 1; 30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 3. Life de, profession, or particular Silant Birth Silant	Length of rasidence in city or town where d			
Personal and State Persona	2. FULL NAME Alice	Turner		
23. SEX Female 1. COLOR OR RICE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carbot the world) wild owed So. Alf married, widowed, or divorced Wildowed Unknown 193 1	(a) Residence: No. Anne An			d State
So. If married, widowed, or divorced HUSANIP or (Or) WiFe of Unknown S. DATE OF BIRTH (month, day, and year) 1895 7. AGE Vears Months Days ITLESS than I day, his. The state of the s	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
22. I HEREBY CERTIFY. That I attended deceased from September 14. 19. 32, to. July 25. 19. 33. 5. DATE OF BIRTH (month, day, and year) 1895 6. DATE OF BIRTH (month, day, and year) 1895 7. AGE Years Months Days If LESS than I day, hes, or min. 8. Trade, profession, or particular kind of work done, as SPINNER, DOKKEFER, etc. 9. Allouistry or business in which was done, as SIR MILL. 10. Date deceased last worked at the subject of the day of the subject of the subject of the day of the subject of the day of the subject of the day of the subject of the subject of the day of the subject of	3. SEX female 4. COLOR OR RACE DIACK	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED	July 25th	, 193 3
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than J Lay hits. Or min. 8. Trade, profession, or particular wind of away for the min. SAWRER, BOOKEERR, etc DOING Stig. 10. Data decased last worked at this occupation (State or country) 12. BIRTHPLACE (city or town). Maryland (State or country) Maryland (State or	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	own	22. I HEREBY CERTIFY, That I attended	
The PRINCIPAL CAUSE OF DEATH and related above, at 1: 00 mm. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 8. Trade, profession, or particular iday, hrs. or min. 9. Industry or business in which work done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done, as \$1 km Mill. 9. Industry or business in which work was done as \$1 km Mill. 9. Industry or business in importance were as follows: 9. Industry or business in importance was \$1 km Mill. 9. Was there an au'opsy' \$2 km Mill. 9. Industry or town, country and State) 9. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease by injury in \$2 km Yang year town, country and State) 19. UNDERTAKER \$2 km Yang Yang Yang Yang Yang Yang Yang Yang	C DATE OF BIRTH (month day and year)	1895	Hast saw h er aliva on Jil V 25	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of particular since were as follows: The relation of the profession of the profession of the profession of the profession of the particular since and particular since			to have occurred on the data stated above, at 1:30Pm.	z, ucatii is salu
8. Trade, profession, or particular did work done as SPINNER, SAWYER, BOOKKEPER, etc. 2. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 3. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 4. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 5. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 6. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 7. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in white as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or town 9. Industry 9. Indust	38 U1	A REPUBLICATION OF THE PROPERTY OF THE PROPERT	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
work was done as SIKK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and years) spant in this year) 12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Alice Cullom, dead 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT HOSpital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL' Date of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) 19. Specify was replaced of occupation of deceased? 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) 19. Specify (Signed) Mary way replated for occupation of deceased? 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) 19. Signed) Mary way replated for occupation of deceased? 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) Mary replated for occupation of deceased? 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) Mary replated for occupation of deceased? 19. UNDERTAKER (Address) Crownsville, Maryland (Signed) Maryland	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onset
this occupation (month and year) Specify clip or town Maryland Syphilis	Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
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14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Alice Cullom, dead 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL (Address) Crownsville, Maryland 19. UNDERTAKER (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) Crownsville, Maryland 20. FILEP 12. 9, 1933 Dayl C		land	Other Contributory Canses of importance: Syphilis	?
What test confirmed diagnosis? Was there an au'opsy? We is a subject of country. What test confirmed diagnosis? Was there an au'opsy? We is a subject of country. What test confirmed diagnosis? Was there an au'opsy? We is a subject of country. What test confirmed diagnosis? Was there an au'opsy? We is a subject of country. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occur? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was there an au'opsy? We is a subject of country. What test confirmed diagnosis? Was there an au'opsy? We is a subject of country. Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in IND	I 13. NAME Unknown			
15. MAIDEN NAME Alice Cullom, dead 16. BIRTHPLACE (city or town) Maryland (Stata or country) 17. INFORMANT Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place Success (Maryland Date of injury (Specify city or town, country and State) Manner of injury Nature of injury Nature of injury 19. UNDERTAKER Class, Mach See (Address) Control of the control of t		known	Name of operation	
16. BIRTHPLACE (city or town) (Stata or country) Maryland Accident, suicide, or homicide? Date of injury. Where did injury occurred. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. 19. UNDERTAKER (Address) Country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation or deceased? If so, specify. (Signed) M. D. (Signed) M. D.		heeb molfe		
17. INFORMANT Grownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Data Later Data Later (Address) 19. UNDERTAKER Class, Wichs Later (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) 20. FILED Later (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State)	16. BIRTHPLACE (city or town) Mary	The state of the s	Accident, suicide, or homicide? Date of injury	
18. BURIAL, CREMATION, OR REMOVAL Place Survey Hell Date 2, 9, 1933 Nature of injury Nature of injury 19. UNDERTAKER Class, Highs 9, 1933 (Address) Current Hell Survey (Address) 24. Was disease or injury in any way related to occupation or deceased? If so, specify (Signed) (Signed) (Signed) (Signed)	7. INFORMANT HOSpital Re		(Specify city or town, county and Sta	ie) ACE.
19. UNDERTAKER Clear, Highs & 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. FILED 1 29. 1933 Shap C Signed Signed M. D. Signed M. D.		21	Manner of injury	
(Address) Current of It so, specify (Signed) (Signed) (MIN) (Signed) (MIN) (Signed) (MIN)	Place / France Hel	Datg 12 9 , 1933		•
20. FILED 1 29, 1933 July CC & 10 (Signed) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		he g		
[Kegistrar [Androes] 71 A room on 1 3 3	1.120 1	ycc & Registrar.	FIN HELY WITHING KA	27 M.D.

(Address) Townsville, Maryland If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 06822

1. PLACE OF DEATH			92-0	
County Anne Ar			Registration Dist. No. 20/	
Village or City Crow	nsville	State Hosp		Ward
Length of residence in city or town w	where death occurred	5 yrs 3 mos	f death occurred in a hospital or institution, give its NAME instead of street and meaning the street and meaning	umber) sds
2. FULL NAME Lil	ly Washi	ngton		
(a) Residence: No. Bal	timore (Usual	ounty, Mar	ylamd Ward. If nonresident give city or town and	State
PERSONAL AND STAT	ISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC black	OR DIV	MARRIED, WIDOWED, ORCED (write the word) vidowed	21. DATE OF DEATH July 31st (Month) (Day)	193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unkno	wn		22. I HEREBY CERTIFY. That I attended April 5th 10 28 July 31st	
				, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont	1878 hs Days	If LESS than	to have occurred on the date stated above, at 9:45A _m	; death is said
	Unknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of anast
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R. Dome s	stic	Acute cardiac dilitation	Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		•		
10. Date deceased last worked at this occupation (month and year)		otal time (years) spant in this		
12. BIRTHPLACE (city or town)	Mnknown		Other Contributory Causes of importance: Mitral insufficiency	?
13. NAME Unknown				
14. BIRTHPLACE (city or town)	Unknown		Name of operation Date of	
15. MAIDEN NAME UNKNOW	'n		What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Unknow	n	Accident, suicide, or homicide?	
17. INFORMANT Hospital Records			Where did injury occur?	CE.
(Address) CYOWNS 18. BURIAL OREMATION, OR REMOVAL	elary 8	Maryland 33	Manner of injury	
19. UNDERTAKER & R. Pan	Maroke	Opt	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED aug 3 , 133 [2 In	7	(Signed) Crownsville Manual	
A ==	more blank are no	ded. address State Revistrar.	- MO 1. A 1.	and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Atte			
aller geleja			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	06823
County Q. Q. Co	Registration Dist. No.
Village or City I remonstrum	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
() D 1.5-44	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Walls	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Colored Usedowell	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of Josephine Watts	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) When the Will 853	I last say have alive on 19 & ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a
80 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Change Sutrately Neblat Consta
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	sendual whine caused by
13. NAME Wesley Watts	hisabelly sygentrolled Gestate The
13. NAME Wesley Watts 14. BIRTHPLACE (city or town).	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? (\$200,000 Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME Cluza 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
(State of Country)	Where did injury occur? (Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CHICAGO WALLS (Address) Sacobouck Q.Q. Co. M.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Magothy Con Date uly 7, 1933	Nature of Injury
19. UNDERTAKER James a Hayes	24. Was disease or injury In any way related to occupation of deceased?
(numers)	If so, specify
20. FILED 1999 Q Q Registrar.	(Signed) M. D. (Address) 14 24 Character of M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06824
1. PLACE OF DEATH	97)
County Anne Armedel	Registration Dist. No. 21
Village or City Millerwille	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) Ads. How long in U.S. if of foreign birth?
2. FULL NAME Margaret Jame.	Wigley
(a) Residence: No. Chair Highway	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mopph) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edward O. Wigley decease)	1 HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) June 16, 1857	last saw her elive on July 1 , 19. 33, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 0 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Mone SAWYER, BOOKKEEPER, etc.	By Jangrene (Sevile) Date of onset Mar. 1933.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	The desired the second
- Into occupation (month and	(Mario-Geller 20) 193)
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Alexander (State or country)	
13. NAME Saace Fardiner 14. BIRTHPLACE (city or town) Baltuman	Name of operation 700 Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Julia Miller	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Julia Miller 16. BIRTHPLACE (city or town) Baltruspe	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / MORVEM Cluderam (Address) Mullenwille Und	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
BURIAL, CREMATION, OR REMOVAL Place Date 7/3. 33	Manner of injury
19. UNDERTAKER R. J. Williams Flow	24. Was disease or Injury In any way related to occupation of deceased?
(Address) waterbury his	If so, specify
20. FILED 7/3. , 1933 57 Joyce Registrar.	(Signed) Ly W. D. Caffy M. D. (Address) Laulerills, Mayland

V. S. No. 1

ä

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street sumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. (Month) (Write the word) I HEREBY CERTIFY, That I attended the decensed 6 DATE OF BIRTH (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory (State or country (Duratión) TO NAME OF (Address). OF FATHER state the Disease Causing Death, or, in deaths from 2 (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs.... mos.... State, yrs. mos.... (State or country) Where was disease contracted, if not at place of death?. usual residence OF BURIAL OR REPOVAL DATE OF BURIAL

U more blanks are needed, address State Registrar, 16 W. Sarrtoga St., Balte., Requesting

(Approved by U. S. Census and American Public Health Association.)

thed 6 year). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons enployed, as At school or At home. Cure should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) ad litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. (a) Foreman, (b) Automobile factory. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or Al Home, and children, without more precise specification as Day -Coal mine, etc. Womnot gainfully em-The material But ln many

EASE CAUSING DEATH (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pueumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e. g., sepsis, telanus) may be stated under the diseases resulting from childbirth or miscarriage as conditions, such as "Asthenla," ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the America ment of cause of death head of "contributory." ture of the lujury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The na train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumoniu stated unless important. Example: Heastes use of "Tumor" for malignant neoplasms); Mensles; inges, peritonucum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness." etc., when a definite disease vulsions." Chronic interstitial nephritis, etc. (secondary or intercurrent) Whooping cough; (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" Chronic valvular heart disease; ("Congenital," "Senile." etc.) Carcinoma, Surcoma, etc., of (Becom) wed by Committee on affection need not be "Апасшіа" endations on state-The contributory "Coma," "Haemor-(disease (merely (secondetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will twent further correspondence. All the state is sential and must be obtained before the tertificate is parametric their correspondence.

A TO

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06826
1. PLACE OF DEATH	
County a.a.	Registration Dist. No.
Village or City Woodland Blech	No outh Muer St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Edward. M. M.	O Collection
(a) Residence: No/06 / Safett. Communication (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (prite the word)	July 2, 193)
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
10 30 1011	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Lee 36-1866	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
66 6 - ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	of the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occuration (month end spent in this	usiany arming.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oato deceased last worked at this occupation (month end spent in this	
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Lacel. Nel.	Other Country Court of Importance
(State or country)	
13. NAME /achaniel & Woollen	
13. NAME // Cacherrell & Moorless 14. BIRTHPLACE (city or town) / Contract of the contract of	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) for the country)	23. If death wes due to external causes (VIOL ENCE) fill in also tha following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stata or country)	Where did injury occur? Wordland Beach, H., A. Co. (Specify city or town, country and State)
17. INFORMANT / W Varcent	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 106 Bakes St Course Mor.	alliteral arowning
18. BURIAL, CREMATION, OR REMOVAL DE Oate July 3 ,1933	Manner of Injury
h of Wales	Nature of injury
19. UNDERTAKER	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) ann apples cond	If so, specify Places of Dasif
20. FILEDON 3 , 19 33 from C for a min	(Signed) (Address) (Sleey Coroner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting w. S. No. 1. of the sure

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 06827
Count Cl. Gl.	Registration Dist. No. 2
Village or City Cuculpak. Length of residence in city or town where death occurred	(If death occurred in a hospital or natitution, give its NAMP instead of street and number)
(a) Residence: No. Rossful Bury (Usual place of abode)	7. S 24 St., Ward. If nonresident give eity or town and State
PE SONAL AND STATISTICAL PARTICULAR	
3. SEX 3. SEX 4. COLOR OR RACE OR DIYORCED (write the	OWED, word) 21. DATE OF DEATH July 26 193 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
O D Noth	July 36 1033,10 July 26 1035
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Oavs If LES	I last saw h. Apar alive on All Market 7 191, 1932; death is said to have occurred on the date stated above, at
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	min. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recursition (month and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town elected one	Other Contributory Causes of importance:
(State or country)	The same
13. NAME (Itthur George Wich	20
13. NAME (Athur George Wich) 14. BIRTHPLACE (city or town) Bulls rung.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Florence Moreina	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Horance Horance 16. BIRTHPLACE (city or town) Bults und	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT William J. Willy Gine	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Character Date fully 2	19.5.5. Nature of injury.
19. UNDERTAKER John 24. Veglin. (Address Company 2006)	24. Was disease or Injury In any way related to occupation of deceased? 16
20. FILEO July 27, 19 33 Joseph C. 87 C. Reg	(Signed) Friffix Master M.D. (Address) Anabalic Md.
	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		2661 Z 500V	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
t			
			1